

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751998 (6)
1. Corporation Name
UNITED CHRISTIAN WESLEYAN METHODIST DIOCESE, INC



Principal Place of Business 201 SW 6TH AVE. DELRAY BCH. FL 33444	Mailing Address 201 SW 6TH AVE. DELRAY BCH. FL 33444-2537
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3. Date Incorporated or Qualified 04/14/1980	3a. Date of Last Report 01/29/1996
4. FEI Number 59-2402695	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**HOWARD, ROBERT L.
201 SW 6TH AVE.
DELRAY BCH. FL 33444**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, ROBERT L.	1.2 NAME	
STREET ADDRESS	201 SW 6TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEROY, ALLEN	2.2 NAME	
STREET ADDRESS	808 ELIZABETH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROKER, MARLENA	3.2 NAME	
STREET ADDRESS	802 N.E. 2ND COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHESTER, SOLOMON	4.2 NAME	
STREET ADDRESS	1300 N.W. 87TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CAREY, THEODORE	5.2 NAME	
STREET ADDRESS	619 PETRONIA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARLENA ROKER MARLENA ROKER 1/13/97 561-279-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043075

CR2E037 (9/96)