2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 751998

1. Entity Name
UNITED CHRISTIAN WESLEYAN METHODIST DIOCESE, INC.

Principal Place of Business	Mailing Address
201 SW 6TH AVE. DELRAY BCH., FL 33444	201 SW 6TH AVE. DELRAY BCH., FL 33444

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2402695
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, ROBERT L.
201 SW 6TH AVE.
DELRAY BCH., FL 33444

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, ROBERT L.
STREET ADDRESS	201 SW 6TH AVE.
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	SD
NAME	ROKER, MARLENA
STREET ADDRESS	802 N.E. 2ND COURT
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DT
NAME	CAREY, THEODORE
STREET ADDRESS	619 PETRONIA ST.
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000222695
02/10/05-80011-022 70.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlena Roker MARLENA ROKER 2-7-05 (561) 734-7973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #