## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #751998**



Mar 21, 2006 8:00 am Secretary of State 03-21-2006 90049 022 \*\*\*\*70.00

**FILED** 

1. Entity Name UNITED CHRISTIAN WESLEYAN METHODIST DIOCESE, INC.												
201 SW 6TH AVE. 20			201 9	ailing Address 101 SW 6TH AVE. IELRAY BCH., FL 33444							508	04255
2. Principal Place of Business 3. N			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				02142006	Chg-NP	CR	2E037 (11/05)	
City & State			Cit	City & State				4. FEI Number Applied For 59-2402695 Not Applicable				
Zip	Zip Country		Zip	Zip Cau		ntry	5. Certificate of Status Desired   \$8.75 Additi Fee Required					
	6. Name	and Address of Currer	nt Registere	d Agent				7. Name and	Address of No	w Registe	red Agent	
LIONARD BODERT				Name								
HOWARD, ROBERT L. 201 SW 6TH AVE. DELRAY BCH., FL 33444					Street Address (P.O. Box Number is Not Acceptable)							
	,	- 19 - 19 - 19										
*				City				FL Zip Code				
8. The above the obligat	named entity tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	registere	ed office or re	egistere	ed agent, or bot	th, in the State of	of Florida. I	i am familiar with	, and accept
0.00.47.00												
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if app	icable. (NOTE	: Registered	d Agent signéturé	equired	when reinstating)		עם	ATE	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	-		:				<b>-</b>	\$5.00 May B Added to Fees	le			
10.	-		DIRECTORS			on. C	^	Added to Fees		Florida De		State
TITLE	<b>Due by N</b>	OFFICERS AND C	DIRECTORS		11,	on. [	D A	Added to Fees	ANGES TO OFF	Florida De	epartment of S	State
TITLE NAME	PD HOWARD	OFFICERS AND C	DIRECTORS	Trust Fund C	11. TITLE	on.	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	epartment of S	N 10
TITLE	PD HOWARD 201 SW 6	OFFICERS AND C O, ROBERT L. TH AVE.	DIRECTORS	Trust Fund C	11. TITLE NAME STREET	on.	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	epartment of S	N 10
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD HOWARD	OFFICERS AND C O, ROBERT L. TH AVE.	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	on.	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	partment of S D DIRECTORS II Change	State N 10 XXAddition
TITLE NAME STREET ADDRESS	PD HOWARD 201 SW 6 DELRAY SD	OFFICERS AND C O, ROBERT L. TH AVE.	DIRECTORS	Trust Fund C	11. TITLE NAME STREET	EET ADDRESS	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	epartment of S	N 10
TITLE NAME STREET ADDRESS C(TY+ST-ZIP TITLE NAME STREET ADDRESS	PD HOWARD 201 SW 6 DELRAY SD ROKER, M	OFFICERS AND C OFFICERS AND C O, ROBERT L. OTH AVE. BCH., FL	DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME	EET ADDRESS	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	partment of S D DIRECTORS II Change	State N 10 XXAddition
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME	PD HOWARD 201 SW 6 DELRAY SD ROKER, N 802 N.E. 2	OFFICERS AND CO., ROBERT L. STH AVE. BCH., FL	DIRECTORS	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS	D A	Added to Fees	ANGES TO OFF	FIORIDA DE	partment of S D DIRECTORS II Change	State N 10 XXAddition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: Mobern - 1. House of Signature and TYPED OF PROPRIED HAME OF SIGNAND OFF 5/61/276-8373