# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 08, 2007 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.<br>DELRAY BCH., FL 33444 | 201 SW 6TH AVE.<br>DELRAY BCH., FL 33444 |

**DO NOT WRITE IN THIS SPACE**

01312007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $61.25**
**Due by May 1, 2007**

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

U00000628364
02/16/07-80012-018 70.00

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 | D |
| NAME | DASSIE, JOHN B |
| STREET ADDRESS | 709 SW7TH AVE |
| CITY-ST-ZIP | DELRAY BEACH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Robert L Howard ROBERT L HOWARD 02/03/07 561 272 8837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #