2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751998

FILED Jan 30, 2009 Secretary of State

Entity Name: UNITED CHRISTIAN WESLEYAN METHODIST DIOCESE, INC.

Current Principal Place of Business: New Principal Place of Business:

201 SW 6TH AVE.

DELRAY BCH., FL 33444

Current Mailing Address: New Mailing Address:

201 SW 6TH AVE. DELRAY BCH., FL 33444

FEI Number: 59-2402695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWARD, ROBERT L. 201 SW 6TH AVE.

DELRAY BCH., FL 33444 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, ROBERT L.,
Address: 201 SW 6TH AVE.

City-St-Zip: DELRAY BCH., FL

Title: SD () Delete
Name: ROKER, MARLENA,
Address: 802 N.E. 2ND COURT

City-St-Zip: BOYNTON BEACH, FL

Title: DT () Delete
Name: CAREY, THEODORE,
Address: 619 PETRONIA ST.
City-St-Zip: KEY WEST, FL

Title: D () Delete Name: DASSIE, JOHN B Address: 709 SW7TH AVE

City-St-Zip:

Title: D () Delete

Name: CARTWRIGHT, DERALD M Address: 74 LAKE ARBOR DR City-St-Zip: PALM SPRINGS, FL 33461

DELRAY BEACH, FL

Title: PD (X) Change () Addition

 Name:
 HOWARD, ROBERT L.,

 Address:
 201 SW 6TH AVE.

 City-St-Zip:
 DELRAY BCH., FL 33444 US

Title: SD (X) Change () Addition

Name: ROKER, MARLENA, Address: 802 N.E. 2ND COURT

City-St-Zip: BOYNTON BEACH, FL 33435 US

 Name:
 CAREY, THEODORE,

 Address:
 619 PETRONIA ST.

 City-St-Zip:
 KEY WEST, FL 33404 US

Title: D (X) Change () Addition

Name: ALLEN, PHYLLIS

Address: 808 ELIZABETH STREET
City-St-Zip: KEY WEST, FL 33404 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L HOWARD PD 01/30/2009