


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006337	
1. Entity Name WESLEY SEMINARY FOUNDATION, INC.	

Principal Place of Business 4500 MASSACHUSETTS AVE. NW WASHINGTON, DC 20016	Mailing Address 4500 MASSACHUSETTS AVE. NW WASHINGTON, DC 20016
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DO NOT WRITE IN THIS SPACE

03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1759939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHACK-ON, JOZETTE V ESQ. 101 E. KENNEDY BLVD., SUITE 3200 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000034101 03/22/04-80046-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLER, EDWARD J JR 4315 50TH ST., NW WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COSTON, OTIS D JR 1164 OLD STAGE COACH CT. MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, BARBARA 134 THURGOOD STREET GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MICHAEL 14029 BLENHEIM RD. PHOENIX, MD 21131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCALLISTER-WILSON, DAVID 4500 MASSACHUSETTS AVE., NW WASHINGTON, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IMBACH, RONALD W JR 4500 MASSACHUSETTS AVE, NW WASHINGTON, DC 20016

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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: 	Ronald W. Imbach Jr.	3/3/04	(202) 885-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone