

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006337

FILED  
May 17, 2005  
Secretary of State

**Entity Name:** WESLEY SEMINARY FOUNDATION, INC.

**Current Principal Place of Business:**

4500 MASSACHUSETTS AVE. NW  
WASHINGTON, DC 20016

**New Principal Place of Business:**

**Current Mailing Address:**

4500 MASSACHUSETTS AVE. NW  
WASHINGTON, DC 20016

**New Mailing Address:**

**FEI Number:** 52-1759939      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CHACK-ON, JOZETTE V ESQ.  
101 E. KENNEDY BLVD., SUITE 3200  
TAMPA, FL 33602 US

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

SALEM, RICHARD J ESQ.  
101 E. KENNEDY BLVD., SUITE 3220  
TAMPA, FL 33602 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: RICHARD J. SALEM

05/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MILLER, EDWARD J JR  
Address: 4315 50TH ST., NW  
City-St-Zip: WASHINGTON, DC 20016

Title: VC ( ) Delete  
Name: COSTON, OTIS D JR  
Address: 1164 OLD STAGE COACH CT.  
City-St-Zip: MCLEAN, VA 22101

Title: D ( ) Delete  
Name: POWELL, BARBARA  
Address: 134 THURGOOD STREET  
City-St-Zip: GAITHERSBURG, MD 20878

Title: D ( ) Delete  
Name: FORD, MICHAEL  
Address: 14029 BLENHEIM RD.  
City-St-Zip: PHOENIX, MD 21131

Title: P ( ) Delete  
Name: MCALLISTER-WILSON, DAVID  
Address: 4500 MASSACHUSETTS AVE., NW  
City-St-Zip: WASHINGTON, DC 20016

Title: S ( ) Delete  
Name: IMBACH, RONALD W JR  
Address: 4500 MASSACHUSETTS AVE, NW  
City-St-Zip: WASHINGTON, DC 20016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MELSON, VOLLIE D  
Address: 4500 MASSACHUSETTS AVE, NW  
City-St-Zip: WASHINGTON, DC 20016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VOLLIE D. MELSON

S

05/17/2005

Electronic Signature of Signing Officer or Director

Date