

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006337

FILED
Mar 05, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

Title: D () Delete
Name: HADLEY, DONALD H
Address: 22 WEST JEFFERSON STREET--SUITE 404
City-St-Zip: ROCKVILLE, MD 20850 US

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

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

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

Title: P () Delete
Name: MELSON, VOLLIE D
Address: 4500 MASSACHUSETTS AVE, NW
City-St-Zip: WASHINGTON, DC 20016 US

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: P (X) Change () Addition
Name: STOWE, JUNE R
Address: 4500 MASSACHUSETTS AVE, NW
City-St-Zip: WASHINGTON, DC 20016 US

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: JUNE R. STOWE

TREA

03/05/2008

Electronic Signature of Signing Officer or Director

Date