

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90041 005 ****75.00

DOCUMENT # N05611

1. Corporation Name

ST. BARNABAS WESLEYAN METHODIST CHURCH INC.

Principal Place of Business

5871 NW 24TH AVENUE
MIAMI FL 33142
US

Mailing Address

1470 NW 46 ST.
MIAMI FL 33142
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/11/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0049521	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent

HAMILTON, MATTIE L
1470 NW 46TH STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Treasurer
NAME	DANIELS, MENINA	1.2 NAME	PAULINE Spence
STREET ADDRESS	5557 NW 129TH TERR.	1.3 STREET ADDRESS	173 NE 71 street
ST-CITY	MIAMI FL 33056	1.4 CITY-ST-ZIP	miami FL 33138
TITLE	TD	2.1 TITLE	Secretary
NAME	ROWENA DEVEAUX	2.2 NAME	ERRICA HAMILTON
STREET ADDRESS	1940 NW 192ND TERRACE	2.3 STREET ADDRESS	1470 NW 46 street
ST-CITY	MIAMI FL 33056	2.4 CITY-ST-ZIP	Miami FL 33142
TITLE	C	3.1 TITLE	
NAME	KNOWLES, LILLIAN	3.2 NAME	
STREET ADDRESS	1930 NW 69TH TERRACE	3.3 STREET ADDRESS	
ST-CITY	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DEEBLE, ROY	4.2 NAME	
STREET ADDRESS	840 NW 113 ST	4.3 STREET ADDRESS	
ST-CITY	MIAMI FL 33188	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Vice President / Director
NAME	HAMILTON, GLASSFORD	5.2 NAME	GLASSFORD HAMILTON
STREET ADDRESS	1470 NW 46TH ST	5.3 STREET ADDRESS	1470 NW 46 street
ST-CITY	MIAMI FL 33142	5.4 CITY-ST-ZIP	miami FL 33142
TITLE	PD	6.1 TITLE	
NAME	HAMILTON, MATTIE L	6.2 NAME	
STREET ADDRESS	1470 NW 46 ST	6.3 STREET ADDRESS	
ST-CITY	MIAMI FL 33142	6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)