

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90007 030 \*\*\*\*70.00

**DOCUMENT # N05611**

1. Entity Name  
**ST. BARNABAS WESLEYAN METHODIST CHURCH INC.**



Principal Place of Business  
**C/O MATTIE L. HAMILTON  
1470 NW 46 ST.  
MIAMI, FL 33142 US**

Mailing Address  
**C/O MATTIE L. HAMILTON  
1470 NW 46 ST.  
MIAMI, FL 33142 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0049521**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
ROWENA DEVEAUX  
1940 NW 192ND TERRACE  
MIAMI, FL 33056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
Pauline Spence - McKenize  
173 NE 71 street  
Miami FL 33138** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**CS  
SPENCE, PAULINE  
173 NE 71ST STREET  
MIAMI, FL 33138** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
MARVIS DUNCANSON  
2390 NW 59 street  
Miami FL 33142** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
DEEBLE, ROY  
840 NW 113 ST  
MIAMI, FL 33168** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VD  
HAMILTON, GLASSFORD  
1470 NW 46TH ST  
MIAMI, FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
HAMILTON, MATTIE L  
1470 NW 46 ST  
MIAMI, FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
MADDOX, ERRICA  
1470 NW 46  
MIAMI, FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Mattie L. Hamilton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/06*  
Date

*3056336761*  
Daytime Phone #