

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90046 032 ****75.00

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0049521	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, MATTIE L 1470 NW 46TH STREET MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPENCE MCKENIZE, PAULINE 173 NE 71 ST MIAMI, FL 33138		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS DINCONSON, MARVIS 2390 NW 59 ST MIAMI, FL 33142		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEEBLE, ROY 840 NW 113 ST MIAMI, FL 33168		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMILTON, GLASSFORD 1470 NW 46TH ST MIAMI, FL 33142		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAMILTON, MATTIE L 1470 NW 46 ST MIAMI, FL 33142		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MADDOX, ERRICA 1470 NW 46 MIAMI, FL 33142		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STAFFORD, JASMINE 16789 NORTH PRESERVE WAY MIAMI, FL 33025		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 HAMILTON <i>Mattie L Hamilton</i> 2/19/08 305-633-1064 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					