

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N07273

1. Entity Name
ST. JOSEPH WESLEYAN METHODIST CHURCH, INC.



Principal Place of Business

% MELVISE TAYLOR
244 N.W. 5TH AVE.
DANIA, FL 33004

Mailing Address

% MELVISE TAYLOR
244 N.W. 5TH AVE.
DANIA, FL 33004



01302008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2913807

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROKER, MARLENA
802 NE 2ND CT
BOYNTON BEACH, FL 33435

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOWARD, R. L REV
STREET ADDRESS 1026 SOUTHWEST 7TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME ROKER, MARLENA
STREET ADDRESS 802 N.E. 2ND CT
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME CARTWRIGHT, DARRYL M
STREET ADDRESS 74 LAKE ARBOR DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature] DARRYL M. CARTWRIGHT 4.7.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #