

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25747 (9)**

1. Corporation Name

UNITED CHRISTIAN WESLEYAN METHODIST CHURCH CONFERENCE, INC.

Principal Place of Business

Mailing Address

5071 NORTHWEST 24TH AVENUE
MIAMI FL 33142-2305

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MIAMI FL 33142-2305

ST. BARNABAS W. M. Church, Corp. Inc.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1988

3a. Date of Last Report

03/07/1994

4. FEI Number

65-0049521 *C.W. Hamilton*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

24

Country

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, CHARLES W.
1470 N.W. 46TH ST.
MIAMI FL 33142

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GILBERT, NAOMI

STREET ADDRESS

5000 NW 2ND AVENUE #1

CITY, ST, ZIP

MIAMI FL

TITLE

SD

NAME

MAJOR, JUANITA

STREET ADDRESS

9150 NW 7TH AVE #304

CITY, ST, ZIP

MIAMI FL

TITLE

D

NAME

WARD, WILLIAM B.

STREET ADDRESS

944 NW 51 STREET

CITY, ST, ZIP

MIAMI FL

TITLE

D

NAME

LONGLEY, LANGSTON O.

STREET ADDRESS

15812 NW 38TH COURT

CITY, ST, ZIP

MIAMI FL

TITLE

D

NAME

KNOWLES, ALLAN

STREET ADDRESS

1930 NW 69TH TERRACE

CITY, ST, ZIP

MIAMI FL

TITLE

PT

NAME

HAMILTON, CHARLES W. (BI)

STREET ADDRESS

1470 NW 46 ST.

CITY, ST, ZIP

MIAMI FL

TITLE

PT

NAME

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STREET ADDRESS

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MIAMI FL

TITLE

PT

NAME

HAMILTON, CHARLES W. (BI)

STREET ADDRESS

1470 NW 46 ST.

CITY, ST, ZIP

MIAMI FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Charles W. Hamilton B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-95 6336761

Date

Signature Number