FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 05, 2001 8:00 am **DOCUMENT # N25747 Secretary of State** 02-05-2001 90104 003 \*\*\*\*75.00 UNITED CHRISTIAN WESLEYAN METHODIST CHURCH CONFE Principal Place of Business Mailing Address ST BARNABAS W M CHIRCH CON INC C/O 1470 NW 46 ST 710648 MIAMI DADE FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0049521 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAMILTON, MATTIE 1470 N.W. 46TH ST. **MIAMI FL 33142** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change DANIELS, MENINA NAME NAME STREET ADDRESS 5557 NW 179 TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 ☐ Delete TITLE TITLE Change Addition DEVEAUX, ROWENA NAME NAME STREET ADORESS 1940 NW. 192ND TERRACE ----STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL VTD TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME HAMILTON, GLASSFORD W NAME STREET ADDRESS 1470 NW 46TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LONGLEY, LANGSTON O. NAME STREET ADDRESS STREET ADDRESS 15812 NW 38TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition NAME DEEBEL, ROY NAME STREET ADDRESS 840 NW 113 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33168 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAMILTON, MATTIE NAME NAME STREET ADDRESS STREET ADDRESS 1470 NW 46 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** 12. 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 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.