

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25747

1. Entity Name

UNITED CHRISTIAN WESLEYAN METHODIST CHURCH CONFERENCE, INC.

Principal Place of Business

ST BARNABAS W M CHURCH CON INC  
MIAMI DADE FL 33142  
US

Mailing Address

C/O 1470 NW 46 ST  
MIAMI FL 33142  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0049521

Applied For

Not Applicable

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  
1470 N.W. 46TH ST.  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

☒ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C  
NAME DANIELS, MENINA  
STREET ADDRESS 5557 NW 179 TER  
CITY-ST-ZIP MIAMI FL 33056 ☒ Delete

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

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

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

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

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

TITLE D  
NAME LONGLEY, LANGSTON O.  
STREET ADDRESS 15812 NW 38TH COURT  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE TD  
NAME DEEBEL, ROY  
STREET ADDRESS 840 NW 113 ST  
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

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

TITLE PD  
NAME HAMILTON, MATTIE  
STREET ADDRESS 1470 NW 46 ST.  
CITY-ST-ZIP 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 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.

SIGNATURE:

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

3-25-2002  
Date Daytime Phone #

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90866 045 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

0095704

CR2E037 (9/01)