

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90183 001 \*\*\*\*66.25  
02-27-2004 90183 002 \*\*\*\*\*8.75

**DOCUMENT # N25747**

1. Entity Name

**UNITED CHRISTIAN WESLEYAN METHODIST CHURCH  
CONFERENCE, INC.**



Principal Place of Business

**ST BARNABAS W M CHIRCH 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

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. 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Brown, Vincent, Rev  
510 Coral way  
Delray beach FL 33445**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
HAMILTON, MATTIE  
1470 NW 46 ST.  
MIAMI FL 33142**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
MARVIS Dunconson  
2390 NW 59 street  
Miami FL 33142**

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
MARVIS Dunconson  
2390 NW 59 street  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-22-04*