

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90007 029 \*\*\*\*70.00

**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**

40044803



2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

-01202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0049521**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	DEVEAUX, ROWENA	
STREET ADDRESS	1940 NW 192ND TERRACE	
CITY- ST- ZIP	MIAMI, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HAMILTON, GLASSFORD W	
STREET ADDRESS	1470 NW 46TH ST	
CITY- ST- ZIP	MIAMI, FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, VINCENT REV.	
STREET ADDRESS	510 CORAL WAY	
CITY- ST- ZIP	DELRAY BEACH, FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEEBEL, ROY	
STREET ADDRESS	840 NW 113 ST	
CITY- ST- ZIP	MIAMI, FL 33168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMILTON, MATTIE	
STREET ADDRESS	1470 NW 46 ST.	
CITY- ST- ZIP	MIAMI, FL 33142	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNCONSON, MARVIS	
STREET ADDRESS	2390 NW 59 STREET	
CITY- ST- ZIP	MIAMI, FL 33142	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

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

3/30/06

Date

305 633 6761

Daytime Phone #