

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90161 025 ****75.00

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**

40079610



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-NP CR2E037 (12/06)

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE ☐ Change ☒ Addition
NAME **JASMINE STAFFORD**
STREET ADDRESS **13505 NW 6TH STREET APT #101**
CITY-ST-ZIP **PEMBROKE PINES, FL 33009**

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

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

TITLE **D** ☐ Delete
NAME **BROWN, VINCENT REV.**
STREET ADDRESS **510 CORAL WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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

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

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

TITLE **S** ☐ Delete
NAME **DUNCONSON, MARVIS**
STREET ADDRESS **2390 NW 59 STREET**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Change ☐ 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

4-18-2007

Date

3056336761

Daytime Phone #