


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90046 031 ****75.00

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country



01232008 Chg-NP CR2E037 (12/06)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	STAFFORD, NASSMINE	
STREET ADDRESS	13505 NW 6TH STREET APT #101	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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	STAFFORD, JASSMINE	
STREET ADDRESS	10709 NORTH PRESERVE WAY APT 107	
CITY-ST-ZIP	MIRAMAR, FL 33025	
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 HAMILTON *Mattie L. Hamilton* **2/19/08** **305-633-2676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #