

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707961

**FILED**  
**Mar 01, 2022**  
**Secretary of State**  
**2333449145CC**

**Entity Name:** EBENEZER WESLEYAN METHODIST CHURCH, INC.

**Current Principal Place of Business:**

201 S.W. 6TH AVE.  
DELRAY BEACH, FL 33444-2537

**Current Mailing Address:**

201 S.W. 6TH AVE.  
DELRAY BEACH, FL 33444-2537

**FEI Number:** 35-2655373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPELLS, VETA M  
201 S.W. 6TH AVE.  
DELRAY BEACH, FL 33444-2537 US

*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:** VETA M SPELLS

03/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BROWN, WITHLEAN  
Address 812 SW 3RD ST.  
City-State-Zip: DELRAY BEACH FL 33444

Title VP  
Name ROKER, MARLENA  
Address 802 N.E. SECOND CT.  
City-State-Zip: BONYTON BEACH FL 33435

Title SECRETARY  
Name SPELLS, VETA  
Address 580 N W 4TH ST  
City-State-Zip: DELRAY BEACH FL 33444

Title TREASURER  
Name EVANS, MARY A.  
Address 205 SW 6TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name JACKSON, MAXINE YVETTE  
Address 42 NW 11TH AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name BROWN, CEPHAS W  
Address 812 S W 3RD ST  
City-State-Zip: DELRAY BEACH FL 33444

Title PRESIDENT  
Name BRENNEN, MICHAEL  
Address 3518 AVENUE MONTRESOR  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name BONIMY, JUDY  
Address 329 NW 4TH AVE  
City-State-Zip: DELRAY BEACH FL

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VETA SPELLS

**SECRETARY**

03/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STUBBS, HAROLD  
Address        580 NW 4TH ST  
City-State-Zip: DELRAY BEACH FL 33444