

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707961

FILED
Jan 30, 2020
Secretary of State
8151052515CC

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

01/30/2020

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

01/30/2020

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