

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90002 012 ****70.00

DOCUMENT # 716622

1. Entity Name

EBENEZER FREE WILL BAPTIST CHURCH, INC. ✓

Principal Place of Business

4111 SW 4TH ST.
 MIAMI FL 33134

Mailing Address

4111 SW 4TH ST.
 MIAMI FL 33134

2. Principal Place of Business

4111 S.W. 4th St

3. Mailing Address

4236 S.W. 4th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

59-1370896

Applied For

Not Applicable

Zip

33134

Country

Miami-Dade

Zip

33134

Country

Miami-Dade

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

RODRIGUEZ, BENITO
 4236 SW 4TH ST
 MIAMI FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BENITO	
STREET ADDRESS	4236 SW 4TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIRELES, CARLOS	
STREET ADDRESS	5032 N.W. 188TH STREET	
CITY-ST-ZIP	CORAL CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YERA, PEDRO	
STREET ADDRESS	10450 S.W. 5TH STREET	
CITY-ST-ZIP	SWEETWATER FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	IZQUIERDO, PEDRO J.	
STREET ADDRESS	7231 S.W. 13TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: *Benito Rodriguez* Benito Rodriguez 7-19-2000-305-443-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 15/00