## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 752891

(2)

## EBENEZER MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place	e of Business	Mailing Address			
C/O AL BRADLED 200 NE 12TH STREET BOCA RATON FL 33432 US		G <del>/O AL BRADLEY</del> 200 NE 12TH STREET BOCA RATON FL 33432 US			
				3. Date Incorporated or Qualified 06/11/1980	3a. Date of Last Report 03/09/1995
<ol> <li>Principal P</li> </ol>	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2476293	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	Crty & State		Election Campaign Financing     Trust Fund Contribution	Added to Fees
<i>Z</i> ip <b>24</b>	Country 25	Ζ <sub>(</sub> ρ	Country 30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
L.	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
CHALME	ers, John		82 Street Addr	ess (P.O. Box Number is Not Acceptable	(4)
18678 C	APE SABLE DR		OI GIRGI ACIG	ess (1.0. box Hamber 5 Not Acceptable	,,
BOCA R	ATON FL 33498		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	es, the above-named corpor	ation submits this statement for the purp of of directors. Thereby accept the appoi	ose of changing its registered office
familiar w	ith, and accept the obligations of, Se	ction 617.0503, Florida Statutes		a or anocaro. Theroby assorpt the appor	initial de registered agent. Fam
SIGNATURE					
12.	Signature, typed or printed name of registered age	nt and title I applicable (NO ND DIRECTORS	TE. Registered Agent's gnature required  13.	d when reinstating: ADDITIONS (CHANGES TO OFFIC	DATE PEDS AND DIDECTORS IN 19
TILE	TD	DELETE	1.1 TITLE	ADDITIONS CHANGES TO OFFIC	Change Addition
NAME	SPAIN, GEORGE	<b>—</b>	1.2 NAME		
STREET ADDRESS	237 N.E. 15TH TERR		1.3 STREET ADDRESS		
Cily-SI-ZiP	BOCA RATON FL		1.4 CITY - ST - ZIP		
TITLE	SD	DELETE	2 1 TITLE		Change Addition
NAME	DOLPHUS, WALTER S.	_	2 2 NAME		_ , _
STREET ADDRESS	140 N.E. 12TH ST.		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		2 4 CITY - ST - ZIP		
TITLE	D	DELFTE	3.1 TITLE		Change Addition
NAME	BRADLEY, AL		3.2 NAME		
STREET ADDRESS	490 N.W. 2TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIF	BOCA RATON FL		3.4 C(TY-ST-ZIP		
TITLE	D CAROLIE L	☐ DELETE	4.1 TIFLE		☐ Change ☐ Addition
NAME	CARSWELL, ARCHIE L.		4 2 NAME		
STREET ADDRESS	1135 S.W. 16TH ST.		4.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	C CHALMERS, JOHN	DELETE	5 1 TITLE		Change Addition
NAME	18678 CAPE SABLE DR		5.2 NAME		
SIREET ADDRESS	BOCA RATON FL		5 3 STREET ADDRESS		
CITY - ST - ZIP TITLE	DOOR INTOIT I	DELETE	5.4.0/TY-ST-ZIP		Change Addition
			61 TITLE		□ cuanàs □ Vaordou
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do heret	L	with this filing a voluntarily furn	64 City-St-ZIP ished and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further
certify that oath; that	it the information indicated on this and I am an officer of director of the corp	nual report or supplemental anni poration or the receiver or truster	ual report/is true and accura e empowered to execute thi	te and that my signature shall have the s s report as required by Chapter 617, Flor	ame legal effect as if made under ida Statutes; and that my name

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED SIGNATURE AND TYPED OF PRINTED SIGNING OFFICER OR DIPECTOR

/29/96 407-4514012

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