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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

752891

(2)

EBENEZER MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business		Mailing Address	Mailing Address			1 18 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C/O AL BRADI	.EY	C/O AL BRADLEY	200 NE 12TH STREET						
200 NE 12TH S	STREET								
BOCA RATON FL 33432		BOCA RATON FL 33432-1818			3. Date Incorporated or Qualified	3a D	ate of Last F	Renort	
US		US	US			3. Date Incorporated or Qualified 06/11/1980 3a. Date of Last Report 02/08/1996			
2. Principal Place of Business 2a. Mailing Addre			SS			4. FEI Number		T A	pplied For
21		26			59-2476293		-	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
22		27	27		s. Cermicate of Status Desired		Fee R	equired	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try		8. This corporation has liability for i		_/	s. 199.032,
24 25 29 30 30 9, Name and Address of Current Registered Agent				Florida Statutes Yes You No 10. Name and Address of New Registered Agent					
	9, Name and Address of Con	aur vaðistalan viðalir	,	ıίΤ	Name	IV. Name and Address of New Ne	herelen	viaur	· · · · · · · · · · · · · · · · · · ·
CHALL	TOO JOHN								
CHALMERS, JOHN			8	82 Street Address (P.O. Box Number is Not Acceptable)					
18678 CAPE SABLE DR BOCA RATON FL 33498			1	83					
BUUA F	0410N FL 33496								
			[8	14	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 617 (f	502 and 617 1508 Florida Stati	ites the aby	טעם.	-named cor	poration submits this statement for the p		d changing	ite registered
office or i	registered agent, or both, in the Sta	te of Florida. Such change was	authorized	by:	the corpora	tion's board of directors. I hereby accep	t the app	pointment as	registered
_	am familiar with, and accept the obt	igations of, Section 617.0503, F	-iorida Statu	ies.					
SIGNATURE	Signature, typed or printed name of registered a	agent and lifle if applicable (NO	OTE: Registered	Agen	il signature regu	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12
TITLE	TD	DELETE	1.1 TITL	£				☐ Change	☐ Addition
NAME	SPAIN, GEORGE		1.2 NAN	1E					
STREET ADDRESS	237 N.E. 15TH TERR	1.3		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	1.4 CITY - ST - ZIP					
TITLE	SD	DELETE 2.1		2.1 TITLE				Change	Addition
NAME	DOLPHUS, WALTER S.		2.2 NAM	1E					
STREET ADDRESS	140 N.E. 12TH ST.		2.3 STREET ADDRESS		ADDRESS				
CITY - ST - Z#P				Y-ST	T-ZIP				
TITLE	D	☐ DELETE	3.1 TITU	E				Change	Addition
NAME	BRADLEY, AL		3.2 NAN	4E					
STREET ADDRESS	490 N.W. 2TH ST.		3.3 STR	EET A	ADDRESS			•	
CITY-ST-ZIP	BOCA RATON FL		3.4. 01		I-ZIP				
TITLE	D	☐ DELETE	4.1 TITL	E				Change	Addition
NAME	CARSWELL, ARCHIE L.		4. 2 NA	ME					
STREET ADDRESS	1135 S.W. 16TH ST.		4.3 STR	EET #	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY		- ZIP				
TITLE	C	☐ DELETE	5.1 TITL					L Change	Addition
NAME	CHALMERS, JOHN		5.2 NAN	Æ					
STREET ADDRESS	18678 CAPE SABLE DR		5.3 STR	EET A	ADORESS				
CITY-ST-ZIP	BOCA RATON FL	□ osi szs	5.4 CIT		- ZIP				
TITLE		☐ DELETE	6.1 T ITL					Change	Addition
NAME			6.2 N AN						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by postily that the information a seri	liad with this filing days act and	6.4 CIT			d in Caption 110 07/00/9 Flesher Cont	a I di mali	المادة المادة	* *b- n
informatie	on indicated on this annual report o	r supplemental annual report is	trite and ac	CUI	rate and the	nd in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	l offert a	e il maria u	nder oath: that
lam an o	officer or director of the corporation	or the receiver or trustee empo	yyered to ex	ecu	ute this repo	ort as required by Chapter 617, Florida S	tatutes; a	and that my	name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Phone # DO