### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 752891**

1. Corporation Name

### EBENEZER MISSIONARY BAPTIST CHURCH, INCORPORATED

| Principal Place of Business |
|-----------------------------|
| 200 N.E. 12TH STREET        |
| BOCA RATON FL 33432         |
| HS                          |

Mailing Address

200 N.E. 12TH STREET **BOCA RATON FL 33432** 

# **FILED** Mar 06, 1999 8:00 am § Secretary of State

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| US  |   | US                        |       |                          |   |   | )                          | )  Ofdia Oidia Oid             | <b>                                    </b> |
|---|---|---------------------------|-------|--------------------------|---|---|----------------------------|--------------------------------|---|
| 2. Principal Place of Business 2a. Mailing Address 21   |   |                           |       |                          | 3. Date Incorporated or Qualifed 06/11/1980 |   |                            |                                |   |
| 21 Suite  | Suite, Apt. #, etc. Suite, Apt. #, etc.                 |                           |       | 4. FEI Number            |   |   | Applied For Not Applicable |                                |   |
|   | City & State City & State                               |                           |       | •                        |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required |                            |                                |   |
| Zip 24  |   |                           |       | Country                  |   | Election Campaign Financing     Trust Fund Contribution         |                            | \$5.00 May Be<br>Added to Fees |   |
| 24  | 9. Name and Address of Curre                            |                           |       | -                        |   | 10. Name and Address of New I                                   | Registered .               | Agent                          |   |
| <b> </b>  | or lightly Blid Addiese of Salts                        | tte (togisto: oo : tgo:tt |       | 81                       | Name  |   |                            |                                |   |
| DAVIS, ELL<br>1106 N.W. 10TH STREET<br>BOYNTON BEACH FL 33462   |   |                           |       | 82                       | Street Add                                  | et Address (P.O. Box Number is Not Acceptable)                  |                            |                                |   |
|   |   |                           |       | 83                       |   | <u> </u>  |                            |                                |   |
|   |   |                           |       | 84                       | City  |   | FL                         | 85 Zip C                       | ode   |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |                           |       |                          |   |   |                            |                                |   |
| 0.9.00.01,7,000.01  |   |                           |       | 13.                      | k signature requir                          | ADDITIONS/CHANGES TO OF   |                            | ID DIRECTO                     | RS IN 12                                    |
| TITLE   | P   |                           | ELETE | 1.1 TITLE                |   | <del></del>   |                            | Change                         | ☐ Addition                                  |
| NAME  | l •   |                           |       | 1.2 NAME                 |   |   |                            |                                |   |
|   | NAME DAVIS, ELL<br>STREET ADDRESS 1106 N.W. 10TH STREET |                           |       |                          | T ADDRESS                                   |   |                            |                                |   |
|   |   |                           |       | 1.4 CITY-S               |   | : *   |                            |                                |   |
| CITY-ST-Z   | BOYNTON BEACH FL 33431                                  |                           | ELETE | 2.1 TITLE                | 1-217                                       |   | •                          | Change                         | Addition                                    |
| TITLE   | CUMMINGUALA EDDIE                                       |                           |       | 2.2 NAME                 |   |   |                            | ·                              | _   |
| NAME  | CONTINUE TO ANY LODIE                                   |                           |       | 2.3 STREET               | r annouses                                  |   |                            |                                |   |
| STREET A  | 100111111111111111111111111111111111111                 |                           | 1     |                          | 1   |   |                            |                                |   |
| CITY-ST-2   |   |                           |       | 2. 4 CITY-5<br>3.1 TITLE | 1-4.15                                      | 18 (51) east 1  |                            | Change                         | Addition                                    |
| TITLE   | S<br>DUCC ODEC  | ن ب                       |       | 3.2 NAME                 |   |   |                            |                                | _   |
| NAME  | RUSS, GREG  |                           |       |                          | r address                                   | *   |                            | , ,                            |   |
| STREET A  | 19121 1712111 011111                                    |                           |       | 3.4. CITY-S              |   |   |                            |                                |   |
| CITY-ST-  | BOCA RATON FL 33428                                     |                           |       | 4.1 TITLE                | 11-4IF                                      |   |                            | Change                         | ☐ Addition                                  |
| NAME  | =   |                           |       | 4.2 NAME                 |   |   |                            | - ·                            |   |
|   | WILLIAMS, BEN L   | 207                       |       |                          | TADORESS !                                  |   |                            |                                |   |
| STREET A  | , 0, 0 , 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0                | <b>307</b>                |       | 4.4 CITY-S               |   |   |                            |                                |   |
| CITY-ST-Z   |   |                           | ELETE | 5.1 TITLE                | 1-415                                       |   |                            | Change                         | Addition                                    |
| NAME  | D<br>CEASAR EDDIE                                       |                           |       | 5.2 NAME                 |   |   |                            |                                |   |
|   | CEASAR, EDDIE DDRESS 1048 SUNSET AVE.                   |                           | ^     |                          | T ADDRESS                                   |   |                            |                                |   |
| STREET A  | DUKEDOJ <b>(U48 OUNOE) AVE.</b>                         |                           |       | 3.5 5 11 ILL             |   |   |                            |                                |   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ππε

NAME

**DELRAY BEACH FL 33444** 

PASCASCIO, JEAN

22179 MARTELLA AVE.

**BOCA RATON FL 33433** 

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition