


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 752891

1. Entity Name
EBENEZER MISSIONARY BAPTIST CHURCH, INCORPORATED



Principal Place of Business
**200 NE 12TH ST
 BOCA RATON, FL 33432 US**

Mailing Address
**200 NE 12TH ST
 BOCA RATON, FL 33432 US**

DO NOT WRITE IN THIS SPACE



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2476293

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, ELL JR.
 2304 MAHOGANY DR.
 BOYNTON BEACH, FL 33436**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ell Davis Jr* DATE 1-21-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ELL JR 2304 MAHOGANY DR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, DOROTHY 7135 NW 5TH AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARZEY, CHRISENCIA 425 WEST BOULEVARD CHATELAINE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEASAR, EDDIE 1048 SUNSET AVE. DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, LOIS 90 N.E. 11TH ST. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCASCIO, TYWANNA 22179 MANTELLA AVE. BOCA RATON, FL 33433

U00000600558
 01/26/07-80014-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ell Davis Jr* DATE: 1-21-07 DAYTIME PHONE #: 561-391-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR