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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768010 (1)

1. Corporation Name
5TH STREET EBENEZER MISSIONARY BAPTIST CHURCH, I NC.



Principal Place of Business: 633 FIFTH ST. WEST PALM BEACH FL 33401
Mailing Address: 633 FIFTH ST. WEST PALM BEACH FL 33401-4142 P.O. BOX 8268 W.P.B., FL 33407

3. Date Incorporated or Qualified: 04/19/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2007716		Applied For: Not Applicable	
21. Suite, Apt #, etc.		26. P.O. BOX 8268		5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees	
22. City & State		27. WEST PALM BCH., FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. City & State		28. WEST PALM BCH., FL					
24. Zip: 33407		29. Country: U.S.A.					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEPBURN, ISRAEL JR. 2440 W. PINETREE DR. MIRAMAR FL 33023				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City: FL 85 Zip Code			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HEPBURN, REV. ISRAEL JR.	1.1 TITLE	
NAME: HEPBURN, REV. ISRAEL JR.		1.2 NAME	
STREET ADDRESS: 2440 W. PINETREE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE: SD	WILLIAMS, ANNA	2.1 TITLE	
NAME: WILLIAMS, ANNA		2.2 NAME	
STREET ADDRESS: 3738 "S" AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP: RIVIERA BCH. FL		2.4 CITY-ST-ZIP	
TITLE: T	BANKS, DIANE	3.1 TITLE	
NAME: BANKS, DIANE		3.2 NAME	
STREET ADDRESS: 3431 AVE.H, EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP: RIVIERA BCH. FL		3.4 CITY-ST-ZIP	
TITLE: D	LIGHTBOURNE, CECIL	4.1 TITLE	
NAME: LIGHTBOURNE, CECIL		4.2 NAME	
STREET ADDRESS: 124 SOUTH ROBBIN DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP: W.PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE: D	SANDERS, TYRONE	5.1 TITLE	
NAME: SANDERS, TYRONE		5.2 NAME	
STREET ADDRESS: 021-41 ST STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP: W. PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____ DATE: 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HEPBURN, ISRAEL JR. (954) 981-1085
Daytime Phone # 0036214

CR2E037 (9/96)