

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90458 028 \*\*\*\*61.25

**DOCUMENT # 768010**

1. Entity Name

**5TH STREET EBENEZER MISSIONARY BAPTIST CHURCH, I NC.**

Principal Place of Business

Mailing Address

639 FIFTH ST.  
 WEST PALM BEACH FL 33401

P.O. BOX 8268  
 WEST PALM BEACH FL 33407  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2007716**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEPBURN, ISRAEL JR.  
 2440 W. PINETREE DR.  
 MIRAMAR FL 33023

Name **Tyrone Sanders**

Street Address (P.O. Box Number is Not Acceptable)

**621-41st street**

City **West Palm Beach**

FL

Zip Code **33407**

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.

SIGNATURE

*Tyrone Sanders*

**TYRONE S. SANDERS**

**5-12-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
 NAME **HEPBURN, REV. ISRAEL JR.**  Delete  
 STREET ADDRESS **2440 W. PINETREE DR.**  
 CITY-ST-ZIP **MIRAMAR FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  
 NAME **WILLIAMS, ANNA**  Delete  
 STREET ADDRESS **3738 "S" AVENUE**  
 CITY-ST-ZIP **RIVIERA BCH. FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **I**  
 NAME **BANKS, DIANE**  Delete  
 STREET ADDRESS **3431 AVE.H, EAST**  
 CITY-ST-ZIP **RIVIERA BCH. FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **SANDERS, TYRONE**  Delete  
 STREET ADDRESS **621-41ST STREET**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*S. Diane Banks*  
**S. Diane Banks**

**4-2-02**

**(561) 659-8012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)