

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 768010

1. Entity Name
5TH STREET EBENEZER MISSIONARY BAPTIST
CHURCH, INC.



Principal Place of Business
633 FIFTH ST.
WEST PALM BEACH, FL 33401

Mailing Address
P.O. BOX 8268
WEST PALM BEACH, FL 33407 US

FILED
05 JUL -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P. Roberts JR



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2007716

Applied For
Not Applicable

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

SANDERS, TYRONE
621 41 ST.
WEST PALM BEACH, FL 33407

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 600057343838
STREET ADDRESS 07/12/05--01031--008
CITY-ST-ZIP **\$61.25

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(i), 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:

Diane Banks *Diane Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.24.05

561 822-1209

Date

Daytime Phone #