


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768010**  
1. Entity Name  
5TH STREET EBENEZER MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business: 633 FIFTH ST. WEST PALM BEACH, FL 33407  
Mailing Address: P.O. BOX 8268 WEST PALM BEACH, FL 33407 US

**DO NOT WRITE IN THIS SPACE**



07172006 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate)g) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WILLIAMS, ANNA
STREET ADDRESS	3738 "S" AVENUE
CITY-ST-ZIP	RIVIERA BCH., FL
TITLE	T
NAME	BANKS, DIANE
STREET ADDRESS	3431 AVE.H, EAST
CITY-ST-ZIP	RIVIERA BCH., FL
TITLE	D
NAME	SANDERS, TYRONE
STREET ADDRESS	621-41ST STREET
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000571352  
07/20/06-80004-003 61.25  
**DO NOT WRITE IN THIS SPACE**

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: Diane Banks Diane Banks July 17, 2006 822-1209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #