



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # 768010<br>1. Entity Name<br>5TH STREET EBENEZER MISSIONARY BAPTIST CHURCH, INC. |  |
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|---|--|
| Principal Place of Business<br>633 FIFTH ST.<br>WEST PALM BEACH, FL 33401 | Mailing Address<br>P.O. BOX 8268<br>WEST PALM BEACH, FL 33407 US |
|---|--|

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-2007716  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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

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

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03/30/07-80094-007 70.00

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 Date: 3-14-07 Daytime Phone #: 561 822-1209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR