


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 768010</b> 1. Entity Name 5TH STREET EBENEZER MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 633 FIFTH ST. WEST PALM BEACH, FL 33401	Mailing Address P.O. BOX 8268 WEST PALM BEACH, FL 33407 US
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  SANDERS, TYRONE 621 41 ST. WEST PALM BEACH, FL 33407	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000904325 05/01/08-80008-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, ANNA 3738 "S" AVENUE RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, DIANE 3431 AVE.H, EAST RIVIERA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, TYRONE 621-41ST STREET WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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* 4-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #