

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008071	
1. Entity Name INTERNATIONAL EBEN-EZER BAPTIST CHURCH, INC.	

Principal Place of Business 1055 SW 2ND AVE. DEERFIELD BEACH FL 33441	Mailing Address PO BOX 5576 LIGHTHOUSE PT FL 33074
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2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent VIL, JEAN 1055 SW 2ND AVE. DEERFIELD BEACH FL 33441

4. FEI Number NO-T APPLICABLE	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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** _____

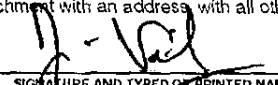
FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	☐ Delete
NAME VIL, JEAN	
STREET ADDRESS 150 NE 35 CT #7	
CITY- ST- ZIP POMPAÑO BEACH FL 33064	
TITLE SD	☐ Delete
NAME BELONY, LEVASSEUR	
STREET ADDRESS 3321 NE 1 AVE.	
CITY- ST- ZIP POMPAÑO BEACH FL 33064	
TITLE TD	☐ Delete
NAME ALFRED, JUSTIN	
STREET ADDRESS 379 SW 34 TERR.	
CITY- ST- ZIP DEERFIELD FL 33442	
TITLE ATD	☐ Delete
NAME EMILCA, DIEUJUSTE	
STREET ADDRESS 113 NE 5TH ST.	
CITY- ST- ZIP POMPAÑO BEACH FL 33060	
TITLE VP	☐ Delete
NAME CADELIEN, CLARK	
STREET ADDRESS 1427 SE 8TH AVE #D-112	
CITY- ST- ZIP DEERFIELD BEACH FL 33441	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000310470
04/18/05-80006-006 61.25

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:  **4-15-05 954 942-0298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #