

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90031 020 ****61.25

DOCUMENT # N01000005358

1. Entity Name

**EBENEZER MISSIONARY BAPTIST CHURCH OF BROOKSVILLE
 E. FLORIDA, INC.**

Principal Place of Business

Mailing Address

**600 WOOD DR
 BROOKSVILLE FL 34601**

**P O BOX 853
 BROOKSVILLE FL 34605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3728753

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE, WALTER I II
 128 BUSHNELL PLAZA
 BUSHNELL FL 33513**

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, EARL	
STREET ADDRESS	10382 FAIRCHILD RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, JAMES	
STREET ADDRESS	267 C ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, NAOMI	
STREET ADDRESS	1580 E JEFFERSON	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POPE, CLEVELAND	
STREET ADDRESS	11480 SHADY REST CT	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, WALTER III	
STREET ADDRESS	P O BOX 1286	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	D	<input type="checkbox"/> Delete
NAME	INMON, BONNIE	
STREET ADDRESS	81 MARKHAM LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Simmons, EARL	
STREET ADDRESS	10382 FAIRCHILD RD	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, ALPHIA	
STREET ADDRESS	740 S Bailey	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASSITER Sr., Roy	
STREET ADDRESS	4235 CASTLE AVENUE	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BANNER, FRANKIE	
STREET ADDRESS	14143 SANDY DRIVE	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, ENOCK	
STREET ADDRESS	11023 Little Street	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 (352) 666-8231
 Date Daytime Phone #

CR2E037 (9/01)