

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005358

FILED
Jan 17, 2005
Secretary of State

Entity Name: EBENEZER MISSIONARY BAPTIST CHURCH OF BROOKSVILLE, FLORIDA, INC.

Current Principal Place of Business:

600 WOOD DR
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P O BOX 853
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-3728753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SIMMONS, EARL
Address: 10382 FAIRCHILD RD
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: LASSITER SR, ROY J
Address: 4235 CASTLE AVENUE
City-St-Zip: SPRING HILL, FL 34608

Title: SD () Delete
Name: WALKER, NAOMI
Address: 1580 E JEFFERSON
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: POPE, CLEVELAND
Address: 11480 SHADY REST CT
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: MOORE, WALTER III
Address: P O BOX 1286
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: INMON, BONNIE
Address: 81 MARKHAM LANE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL P SIMMONS

C

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date