


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90170 007 ****61.25

DOCUMENT # NO1000005358

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3728753** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 _____ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALPHA HUGHES, ALPHIA	
STREET ADDRESS	740 BAILEY AVE	
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 AVE	
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 34613	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, ENOCH	
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		
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 REQUIRED TO: **SIMMONS** 1/27/03 (352)666-231

CR2E037 (10/02)