

NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)


05-02-2006 90286 001 *****5.00
05-02-2006 90286 002 *****8.75
05-02-2006 90286 003 *****61.25
FILED 05000005750

06 MAY 24 PM 3: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66013704

CR2E037B (8/05)

DOCUMENT # **N05000005750**
1. Entity Name
Eben-Ezer missionary church de ocala Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4800 SW 20th St Suite, Apt. #, etc. Ocala, Florida City & State 34474 Zip		3. Mailing Address 506 Bahia Cir LN Suite, Apt. #, etc. Ocala, Florida City & State 34474 Zip	
Country United States		Country United States	

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Albert Joseph**
Street Address (P.O. Box Number is Not Acceptable)
506 Bahia Cir LN
Ocala
City
FL **34474**
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 *Albert Joseph* (NOTE: Registered Agent signature required when reinstating)
DATE 3-21-06

FEE IS **\$61.25** Initial or Amended AR

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 NAME STREET ADDRESS CITY-ST-ZIP	Deacon Timothee Desolme 18 Midway Court Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Albert Joseph 506 Bahia Cir LN Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Elifin Florvilius 4 Deacon Pass Dr. Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Floricia Joseph 3008 SW 20th St Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Past. Sylvester Francois 1101 W. 15th Pl FLAuda, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrator Antigen Francois 1510 N. WILHAVEN FLAuda, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Incorporator marcel Derosier 1206 NW 15th St FLAuderdale, FL 33311	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 exemption stated in Section 119.07(13)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert Joseph* DATE: 3-21-06 DAYTIME PHONE #: 352-6804117