

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 004 \*\*\*\*61.25

**DOCUMENT # N05000005750**

1. Entity Name  
**EBEN-EZER MISSIONAIR CHURCHS DE OCALA, INC.**



Principal Place of Business  
**4800 SW 20 ST**  
**OCALA, FL 34474**

Mailing Address  
**506 BAHIA CIR LN**  
**OCALA, FL 34474**

40104122



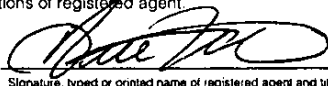
2. Principal Place of Business - No P.O. Box #  
**4800 SW 20 St**  
 Suite, Apt. #, etc.  
**OCALA FL**  
 City & State  
**34474**  
 Zip

3. Mailing Address  
**5986 ocala**  
 Suite, Apt. #, etc.  
**FL 34478**  
 City & State  
 Zip

04142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**JOSEPH, ALBERT REV.**  
**506 BAHIA CIRCLE INN**  
**OCALA, FL 34472**

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  DATE **4-25-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Filing Fee is \$61.25 Due by May 1, 2008**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESOLME, TIMOTHEE PASTOR 18 MIDWAY COURT OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Yeanette Lucien</b> <b>010916 SW 38 Ave Ocala FL</b> <b>34476</b> <b>treasury</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORVILUS, ELIZIN 4 PEACAN PASS DR OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gilbert Lubin</b> <b>13310 SW 80 St Dunnellon</b> <b>FL 34432</b> <b>secretary</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, FLORICIA 3008 SW 20TH ST OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jamie Joseph</b> <b>90916 SW 38 Ave Ocala FL</b> <b>34476</b> <b>Director of Youth</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, ALBERT 506 BAHIA CIR LN OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALBERT JOSEPH</b> <b>12249 SW 94 Ln 34432</b> <b>Dunnellon FL</b> <b>Senior Pastor</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **4/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-689-6539595