

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006689

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: HOMESTEAD EBEN EZER CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

233 SW 4TH ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

233 SW 4TH ST  
HOMESTEAD, FL 33030

**New Mailing Address:**

138 NW 2ND STREET  
HOMESTEAD, FL 33030

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEAN, TORU  
233 SW 4TH ST  
HOMESTEAD, FL 33030    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: PD                      ( ) Delete  
Name: JOSEPH, NAZAIRE  
Address: 38 NW 2ND ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD                      ( ) Delete  
Name: MONOTFORT, WISLER  
Address: 1805 SW 275 ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD                      ( ) Delete  
Name: COLBERT, LUJJEAN  
Address: 601 NW 12TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD                      ( ) Delete  
Name: JOUJOU, JOSEPH  
Address: 138 NW 2ND ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: D                      ( ) Delete  
Name: CETOUTE, BILLY  
Address: 190 NW 9TH ST, APT 4  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD                      (X) Change ( ) Addition  
Name: JOSEPH, NAZAIRE  
Address: 138 NW 2ND ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD                      (X) Change ( ) Addition  
Name: NATASHA, BEAUBRUN  
Address: 13993 SW 280 TER  
City-St-Zip: HOMESTEAD, FL 33030

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

Title:                      ( ) Change ( ) Addition  
Name:  
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 exemption stated 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 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: NAZAIRE JOSEPH

PD

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date