

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N26782** (5)

1. Corporation Name

EBENEZER ASSEMBLY OF GOD, INC.

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1600 S.W. 5TH PLACE
FT. LAUDERDALE FL 33312

1600 S.W. 5TH PLACE
FT. LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

10/10/1994

4. FEI Number

65-0120343

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. The corporation has liability for intangible tax under S 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGES, PERRY W.
644 SOUTHEAST 4TH AVENUE
FT. LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required if not a corporation)

(Signature of Registered Agent required if not a corporation)

(Signature of Registered Agent required if not a corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)

TITLE	PD
NAME	NUMA, PREVOIT (REV)
STREET ADDRESS	1600 SW 5TH PLACE
CITY, ST, ZIP	FT. LAUDERDALE FL 33312
TITLE	D
NAME	YEARY, MAX
STREET ADDRESS	2699 W. COMMERCIAL BLVD.
CITY, ST, ZIP	FT. LAUDERDALE FL 33309
TITLE	SD
NAME	GARCON, ILBRAM
STREET ADDRESS	813 S.W. 2ND CT., #1
CITY, ST, ZIP	FT. LAUDERDALE FL 33312
TITLE	TD
NAME	SENATUS, PHILIPPE
STREET ADDRESS	5325 N.W. 16TH ST.
CITY, ST, ZIP	LAUDERHILL FL 33313
TITLE	TD
NAME	JOSEPH, LEONCE
STREET ADDRESS	921 SW 15TH AVE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	PD	☐ Change ☐ Addition
NAME	NUMA, PREVOIT (REV)	
STREET ADDRESS	1600 SW 5TH PLACE	
CITY, ST, ZIP	FT. LAUDERDALE FL 33312	☐ Change ☐ Addition
TITLE	D	
NAME	YEARY, MAX	
STREET ADDRESS	2699 W. COMMERCIAL BLVD.	
CITY, ST, ZIP	FT. LAUDERDALE FL 33309	☐ Change ☐ Addition
TITLE	SD	
NAME	GARCON, ILBRAM	
STREET ADDRESS	2627 SW 9TH ST. #5	
CITY, ST, ZIP	FT. LAUDERDALE FL 33312	☐ Change ☐ Addition
TITLE	TD	
NAME	SENATUS, PHILIPPE	
STREET ADDRESS	5325 N.W. 16TH ST.	
CITY, ST, ZIP	LAUDERHILL FL 33313	☐ Change ☐ Addition
TITLE	TD	
NAME	JOSEPH, LEONCE	
STREET ADDRESS	1010 SW 16TH AVE	
CITY, ST, ZIP	FT LAUDERDALE FL 33312	☐ Change ☐ Addition
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 637, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an Attachment with an address.

SIGNATURE:

Kevin F. Numa Pastor
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
FILED