

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N96000000024 (7)

1. Corporation Name
EBEN-EZER MISSION INTERNATIONAL, INC.



Principal Place of Business: **5653 MYAKKA AVE INTERCESSION CITY FL 33848**
Mailing Address: **P.O. BOX 307 INTERCESSION CITY FL 33848**

3. Date Incorporated or Qualified: **12/26/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business 21 5653 Myakka Ave Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 307 Suite, Apt. #, etc.	4. FEI Number 56-162 5895	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Intercession City, FL City & State	28 Intercession City, Fla City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33848 Zip	25 U.S. Country	29 33848 Zip	30 U.S. Country

9. Name and Address of Current Registered Agent EADY, FAYBELLE F 4024 WATCH HILL RD ORLANDO FL 32808	10. Name and Address of New Registered Agent 81 Name: Marian Gorton 82 Street Address (P.O. Box Number is Not Acceptable): 5647 Myakka Ave 83 84 City: Intercession City FL 85 Zip Code: 33848
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Marian F. Gorton (NOTE: Registered Agent signature required when reinstating) DATE: **02-06-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input type="checkbox"/> DELETE	NAME: MORISSET, MICHEL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: P.O. BOX 307	CITY-ST-ZIP: INTERCESSION CITY FL 33848	1.2 NAME:	
TITLE: DS <input checked="" type="checkbox"/> DELETE	NAME: DS	1.3 STREET ADDRESS:	
STREET ADDRESS: P.O. BOX 307	CITY-ST-ZIP: INTERCESSION CITY FL 33848	1.4 CITY-ST-ZIP:	
TITLE: DVT <input checked="" type="checkbox"/> DELETE	NAME: 4024 WATCH HILL RD	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DS
STREET ADDRESS: ORLANDO FL 32808	CITY-ST-ZIP: ORLANDO FL 32808	2.2 NAME:	Craig Peden
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	6145 Penn Drive - Butler, Pa 16001
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DT
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	Sally Porti
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	169 Lake Terrace Drive
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	Munroe Falls, OH 44262
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MORISSET MICHEL MORISSET DATE: **02-06-96**

CR2E037 (12/95)