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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

NONPROFIT CORPORATION
ANNUAL REPORT
1998

DOCUMENT # [REDACTED] (2)
1. Corporation Name N96 000000024

Eben-Ezer Mission International, Inc.

Principal Place of Business: 8653 MYAKKA AVE, INTERCESSION CITY FL 33848, US
Mailing Address: P.O. BOX 307, INTERCESSION CITY FL 33848

REINSTATEMENT 97-98

3. Date Incorporated or Qualified: 06/11/1980
4. FEI Number: 56-1625895
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: [REDACTED]
2a. Mailing Address: [REDACTED]
21. Suite, Apt. #, etc.: [REDACTED]
22. City & State: [REDACTED]
23. Zip: [REDACTED] Country: [REDACTED]
24. Zip: [REDACTED] Country: [REDACTED]
25. Zip: [REDACTED] Country: [REDACTED]
26. Suite, Apt. #, etc.: [REDACTED]
27. City & State: [REDACTED]
28. City & State: [REDACTED]
29. Zip: [REDACTED] Country: [REDACTED]
30. Zip: [REDACTED] Country: [REDACTED]

9. Name and Address of Current Registered Agent
MORISSET, MICHEL
8653 MYAKKA AVE
INTERCESSION CITY FL 33848

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORISSET, MICHEL	
STREET ADDRESS	8653 MYAKKA AVE	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PEDEN, CRAIG	
STREET ADDRESS	6145 PENN DRIVE	
CITY-ST-ZIP	BUTLER PA 15102	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PORTI, SALLI	
STREET ADDRESS	169 LAKE TERRACE DRIVE	
CITY-ST-ZIP	MUNROE FALLS OH 44262	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORISSET, MICHEL	
1.3 STREET ADDRESS	5647 Myakka Ave	
1.4 CITY-ST-ZIP	Intercession City, Fla 33848	
2.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Youmans, Elizabeth	
2.3 STREET ADDRESS	1700 East Riverview	
2.4 CITY-ST-ZIP	Suffolk, Va 23434	
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pierre, Yvan	
3.3 STREET ADDRESS	5853 Myakka Ave	
3.4 CITY-ST-ZIP	Intercession City, Fla 33848	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *YVAN PIERRE* 2-20-98 407 9335415

CR2E037 (10/97)