

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000024

1. Entity Name  
EBENEZER MISSION INTERNATIONAL, INC.



**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90005 035 \*\*\*\*61.25

Principal Place of Business: 5653 MYAKKA AVE, INTERCESSION CITY FL 33848, US  
Mailing Address: PO BOX 307, INTERCESSION CITY FL 33848, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 56-1625895  
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MORISSET, MICHEL  
5653 MYAKKA AVENUE  
INTERCESSION CITY FL 33848

7. Name and Address of New Registered Agent  
Name:  
Street Address (P.O. Box Number is Not Acceptable):  
City: FL Zip Code:

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.

SIGNATURE: *[Handwritten Signature]* DATE: *[Handwritten Date]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: MORISSET, MICHEL STREET ADDRESS: 5647 MYAKKA AVENUE CITY-ST-ZIP: INTERCESSION CITY FL 33848	<input type="checkbox"/> Delete
TITLE: DS NAME: YOMANS, ELIZABETH STREET ADDRESS: 700 EAST RIVERVIEW CITY-ST-ZIP: SUFFOLK VA 23434	<input type="checkbox"/> Delete
TITLE: DT NAME: PIERRE, YVAN STREET ADDRESS: 5653 MYAKKA AVENUE CITY-ST-ZIP: INTERCESSION CITY FL 33848	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: member NAME: Platel G. Pierre STREET ADDRESS: 1031 NE 180 Terrace CITY-ST-ZIP: North Miami Beach, Fla 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: member NAME: MORISSET HÉRISSE STREET ADDRESS: 5653 MYAKKA AVE CITY-ST-ZIP: Intercession City, Fla 33848	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *[Handwritten Signature]* DATE: 07-18-2000 DAYTIME PHONE #: (407) 518-6583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)