

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000000024

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

Principal Place of Business 5653 MYAKKA AVE INTERCESSION CITY 33848	FL	Mailing Address PO BOX 307 INTERCESSION CITY 33848	US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State		
Zip	Country	Zip	Country

4. FEI Number
56-1625895

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORISSET MICHEL
5653 MYAKKA AVENUE

INTERCESSION CITY FL
33848 US

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 _____ DATE **08/07/2001**

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

FILE NOW:
FEE IS \$61.25

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	DT	<input type="checkbox"/> Delete
NAME	PIERRE YVAN	
STREET ADDRESS	5653 MYAKKA AVENUE	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	
TITLE	DS	<input type="checkbox"/> Delete
NAME	YOUmans ELIZABETH	
STREET ADDRESS	700 EAST RIVERVIEW	
CITY-ST-ZIP	SUFFOLK VA 23434	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORISSET MICHEL	
STREET ADDRESS	5647 MYAKKA AVENUE	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHMANN FRANCINE	
STREET ADDRESS	5653 MYAKKA AVENUE	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORISSET HERISSE	
STREET ADDRESS	5653 MYAKKA AVE	
CITY-ST-ZIP	INTERCESSION CITY FL 33848	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MICHEL MORISSET DP 08/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)