

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003036

Entity Name: EBEN-EZER ELDERLY FACILITY MINISTRIES, INC.**Current Principal Place of Business:**18800 NW 2ND AVENUE
111
MIAMI, FL 33169**Current Mailing Address:**P.O. BOX 693781
MIAMI, FL 33269 US**FEI Number:** 26-2302771**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERMAIN, ELFISE
18800 NW 2 AVENUE SUITE 111
MIAMI, FL 33169 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TOUSSAINT, ETIENNE O
Address	18800 NW 2 AVENUE SUITE 111
City-State-Zip:	MIAMI FL 33169

Title	OFFICER
Name	GARCON, RENETTE
Address	445 NE 90 ST
City-State-Zip:	MIAMI FL 33138

Title	VP
Name	GERMAIN, ELFISE
Address	901 NW 138 STREET
City-State-Zip:	MIAMI FL 33168

Title	TREASURER
Name	EVA, PIERRE
Address	450 NE 114 ST
City-State-Zip:	MIAMI FL 33161

Title	SECRETARY
Name	ST. PAUL, OMANES J
Address	752 NW 77 TER
City-State-Zip:	MIAMI FL 33150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ETIENNE O TOUSSAINT

PRESIDENT

04/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date