

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006689

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC5260431639**

**Entity Name:** HOMESTEAD EBEN EZER CHRISTIAN CHURCH, INC.

**Current Principal Place of Business:**

138 NW 2ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

138 NW 2ST  
HOMESTEAD, FL 33030

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DEAN, TORU  
233 SW 4TH ST  
HOMESTEAD, FL 33030 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 PD  
Name JOSEPH, NAZAIRE  
Address 138 NW 2ND ST  
City-State-Zip: HOMESTEAD FL 33030

Title SD  
Name LINDA, VOLMAR  
Address 15614 SW 297 TERRACE  
City-State-Zip: HOMESTEAD FL 33033

Title TD  
Name COLBERT, LUIJEAN  
Address 601 NW 12TH ST  
City-State-Zip: HOMESTEAD FL 33030

Title VPD  
Name JOUJOU, JOSEPH  
Address 138 NW 2ND ST  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name GILLES, ELICIER  
Address 1283 SW 2ST  
City-State-Zip: HOMESTEAD FL 33030

Title DEACON  
Name MINOUCHE, JOACHIN  
Address 25 SW 297 ROAD  
City-State-Zip: HOMEATEAD FL 33030

*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: NAZAIRE JOSEPH**

**PD**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date