### 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: JACKIE JONES

Electronic Signature of Signing Officer/Director Detail

DIR. Title REV. JONES, JACKIE E GRAHAM CHARLES Name Namo

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

# **Officer/Director Detail :**

Title

Name	JONES, JACKIE E	Name	GRAHAM, CHARLES
Address	655 MILLER STREET	Address	10515 FIRST STREET
City-State-Zip:	LIVE OAK FL 32064	City-State-Zip:	WHITE SPRINGS L 32096
Title	SIS.		
Name	BLALOCK, CARLA F		
Address	PO BOX 551		
City-State-Zip:	LIVE OAK FL 32064		

# Entity Name: EBENEZER NURSERY AND PRESCHOOL INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

**411 PARSHLEY STREET SW** LIVE OAK. FL 32064

DOCUMENT# N18000010344

## **Current Mailing Address:**

P.O BOX 105 LIVE OAK, FL 32064

# FEI Number: 37-1476257

# Name and Address of Current Registered Agent:

JONES, JACKIE E 411 PARSHLEY STREET SW LIVE OAK, FL 32064 US

Certificate of Status Desired: No

DIRECTOR

Date