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.

DIRECTOR

SIGNATURE: JACKIE E . JONES

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

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.

Title	DIR.	Title	REV.
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.		
Title Name	SIS. BLALOCK, CARLA F		

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N18000010344

Entity Name: EBENEZER NURSERY AND PRESCHOOL INC.

Current Principal Place of Business:

411 PARSHLEY STREET SW LIVE OAK. FL 32064

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

SIGNATURE:

FILED Feb 08, 2019 Secretary of State 3188861173CC

Certificate of Status Desired: No

02/08/2019 Date

Date