

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90474 038 ***150.00

DOCUMENT # 741491

1. Entity Name
**EBENEZER BAPTIST CHURCH OF HALLANDALE,
FLORIDA, INC.**



Principal Place of Business
**816 NW 1ST AVE
HALLANDALE, FL 33009**

Mailing Address
**816 NW 1ST AVE
HALLANDALE, FL 33009**

60045487



04202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2353654	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, IDA
812 NW 6 AVE
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REED, KERMIT D 2465 NW 179 TERR MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, NELLIE L 860 NW 173RE TERR. MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, WILLIE J 325 NW 1ST AVENUE HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BOWERS, JAMES 1130 NW 43RD TERR LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD WILLIAMS, ROBERT 529 NW 3RD CT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILBERT, IDA 812 NW 6TH AVENUE HALLANDALE, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 **954-454-0245**
Date Daytime Phone #