


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 749119		
1. Entity Name EBENEZER BAPTIST CHURCH OF JEFFERSON COUNTY, FLORIDA, INC.		
Principal Place of Business 427 HATCHETT ROAD LAMONT, FL 32336 US		Mailing Address P.O. BOX 652 MONTICELLO, FL 32345 US
DO NOT WRITE IN THIS SPACE		
		03232006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2352645		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAMPBELL, CAROLYN 28 CAMPBELL ROAD LAMONT, FL 32336		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, CAROLYN 28 CAMPBELL ROAD LAMONT, FL 32336	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURSON, CLAY 1456 TWIN LAKES TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COURSON, RUSSELL 2539 ST. AUGUSTINE RD MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, GREG 28 CAMPBELL ROAD LAMONT, FL 32336	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Carolyn Campbell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/28/06</u> <u>850-933-2156</u> <small>Date Daytime Phone #</small>