


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 752891	
1. Entity Name EBENEZER MISSIONARY BAPTIST CHURCH, INCORPORATED	

Principal Place of Business 200 NE 12TH ST BOCA RATON, FL 33432 US	Mailing Address 200 NE 12TH ST BOCA RATON, FL 33432 US
---	---

DO NOT WRITE IN THIS SPACE



05262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2476293	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

**RAINES, BRIAN
 7631 COLONY LAKE DR
 BOYNTON BEACH, FL 33436**

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: Brian Raines - president/chairman DATE: 5/27/08

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

**Filing Fee is \$61.25
 Due by September 12, 2008**

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	T HALL, DOROTHY 7135 NW 5TH AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARZEY, CHRISENCIA 425 WEST BOULEVARD CHATELAINE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEASAR, EDDIE 1048 SUNSET AVE. DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, LOIS 90 N.E. 11TH ST. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASCASCIO, TYWANNA 22179 MANTELLA AVE. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000952625
 06/04/08-80089-008 70.00

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: Brian Raines Brian Raines 5/27/08 561 391 7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #