



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

<b>DOCUMENT # 752891</b>	
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
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**DO NOT WRITE IN THIS SPACE**



05262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2476293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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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 #