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Secretary of State

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SECRETARY'S

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757070

1. Corporation Name

EBENEZER UNITED METHODIST CHURCH, INC.

Principal Place of Business

2001 NW 35TH ST.
 MIAMI FL 33142-5425

Mailing Address

2001 NW 35TH ST.
 MIAMI FL 33142-5425



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/17/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-1174326

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULLARD, ALVIN G
5250 NW 26TH AVENUE
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **CTD**
SMITH, TIMOTHY
 STREET ADDRESS **16101 NW 18TH AVE**
 CITY-ST-ZIP **MIAMI, FL 00000**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **TD**
MOORMAN, ROSE
 STREET ADDRESS **820 NW 172 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 00000**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SD**
REED, AGGIE M
 STREET ADDRESS **3720 NW 179TH ST**
 CITY-ST-ZIP **MIAMI, FL 00000**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **CAD**
JOHNSON, ELOISE S
 STREET ADDRESS **2501 NW 55 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **CMD**
INGRAHAM, GERALINE L G
 STREET ADDRESS **744 SW 2ND PLANCE**
 CITY-ST-ZIP **DANIA FL**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-99 (305) 635-6383
 Date Daytime Phone #

CR2E037 (1/1/98)