## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002130

City-St-Zip:

MIAMI, FL 33157

Entity Name: EBEN-EZER MISSION, INCORPORATED

FILED Apr 15, 2008 Secretary of State

Littly Nai	ile. EDEN-EZ	LK WISSION, INCORPORATI				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
7020 NW 2 SUNRISE,			#275	12864 BISCAYNE BLVD. #275 NORTH MIAMI, FL 33181		
Current Mailing Address:				New Mailing Address:		
1561 NW S PLANTATI	99TH AVE. ON, FL 33322		#275	12864 BISCAYNE BLVD. #275 NORTH MIAMI, FL 33181		
FEI Number:	: 56-1625895	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAKE WO	ÁVE. NORTH RTH, FL 3346					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MORISSET, MI 7020 NW 20TH SUNRISE, FL	ST.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () PLATEL-WESH 1561 NW 99TH PLANTATION, F	AVE.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) ZAMOR, ETZEF 45 NE 104TH S MIAMI SHORES	Т.	Title: Name: Address: City-St-Zip:	VPSD (X) Change ( ) Addition ZAMOR, ETZER 45 NE 104TH ST. MIAMI SHORES, FL 33138		
Title: Name: Address:	SD () CHARLES, MAR 17540 SW 93 F		Title: Name: Address:	D CHARLES, N 17540 SW 9		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33157

SIGNATURE: ETZER ZAMOR VPSD 04/15/2008