

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004379

FILED
Jan 07, 2009
Secretary of State

Entity Name: EBENEZER EMERGENCY FUND USA, INC.

Current Principal Place of Business:

5849 BROADWAY
LANCASTER, NY 14086

New Principal Place of Business:

Current Mailing Address:

POB 568
LANCASTER, NY 14086

New Mailing Address:

FEI Number: 20-2076659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, DALE R
3838 PARKSIDE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECKETT, WENDY
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

Title: D () Delete
Name: STEVENSON, AL
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

Title: STD () Delete
Name: CHAPMAN, DANIEL
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

Title: O () Delete
Name: GIDDINGS, TERRY
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

Title: O () Delete
Name: MINOTTI, DEBRA
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

Title: D () Delete
Name: WILLIAMSON, LEONARD
Address: POB 568
City-St-Zip: LANCASTER, NY 14086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DEBRA MINOTTI

MS.

01/07/2009

Electronic Signature of Signing Officer or Director

Date