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**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90109 030 \*\*\*\*70.00

**DOCUMENT # N00000004240**

1. Entity Name

**EBENEZER COMMUNITY CENTER, INC.**

Principal Place of Business

312 NW 7TH ST.  
FT. LAUDERDALE FL 33311

Mailing Address

312 NW 7TH ST.  
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1019198

Applied For

Not Applicable

5. Certificate of Status Desired

R

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANCOIS, SYLVERUS  
1100 NW 15TH PLACE  
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCOIS, SYLVERUS	
STREET ADDRESS	1100 NW 15TH PL.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANCOIS, AULIGENE	
STREET ADDRESS	1510 NW 11TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MERCIER, VIOLENCE	
STREET ADDRESS	7028 NW 49TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXIS, LUC	
STREET ADDRESS	1205 NE 5TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYCENA, ENID	
STREET ADDRESS	1618 NW 14TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Nick... [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01 (954) 562-4448

Date

Daytime Phone #

CR2E037 (10/00)