## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N00000005306**

1. Entity Name EBENEZER TABERNACLE ASSEMBLIES OF THE FIRST



**FILED** Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90081 030 \*\*\*\*70.00

PRODUCTION ASSETS AND P.O. Box # S. Maring Address PO BOX 199401 PO BOX	BORN, IN	C.		7					
Suite, Apr. 8, etc.  Suite, Ap	Principal Place of Business Mailir 2574 N. UNIVERSITY DR., #205 PO I SUNRISE, FL 33322 FOR		PO BOX 190401	O BOX 190401					
Suite, Apt. 4 etc.    Suite, Apt. 4 etc.   Suite   Sui	2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Second Country   State   Second Country   Second Country   State   Second Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037	(12/06)		
SEGNATURE  FILING Foe is \$61.25 Due by May 1, 2007  TO.  CPCEPES AND DIRECTORS  TO ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS  TOTH STAPE  TOTH STREET MODESS  TOTH STAPE  TOTH STREET MODESS  TOTH STAPE  TOTH STAPE  TOTH STAPE  TOTH STAPE  TOTH STAPE  TO ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS  TOTH STAPE  TOTH S	City & State		- Corida	Forida		7			
REID, MARK A REV B481 MORTH-WEST 21ST COURT SUNRISE, FL 33322  The abover named certify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligation of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligation of registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligation of registered agent, or both, in the State of Florida Department of State of Florida Department	Zip	Country	33322	WESE A	5. Certificate of Sta				
REID, MARK A REV  Butter Note: Street Address (P.O. Box Number is Not Acceptable)  Filing Fee is \$61.23  Due by May 1, 2007  Philing Fee is \$64.25  Due by May 1, 2007  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  VP  MARK CHACK, TITUS A REV  MARK  MEATLET, TITUS A REV  MARK  MEATLET, TITUS A REV  MARK  MARK AND  TITUS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Charge  Added to Fees  MARK  MARK AND  MARK  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Charge  Addition  MARK  M	j., .	6. Name and Address of Current	Registered Agent	N/	7. Name and Addr	ess of New Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	REID. MAR	RK A REV		Name	Name				
B. The above named critity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signate, hybrid of preted name of impatrent agent and life if epolicable.   (NOTE: Registered Agent are required when retrottering)   DATE	8481 NORTHWEST 21ST COURT				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee is 361.25				City	City Zip Code				
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		partify that the information cumplied with	this filing does not qualify f		ined in Chanter 110. Flor	ida Statutes I further certif	v that the in	formation	

or 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 jike empowered.

SIGNATURE: /

OF SIGNING OFFICER OR DIRECTOR