

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**

ATX1

04 AUG 31 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> N03000006902	
<b>1. Entity Name</b>	
Ebenezer Christian Academy of Fort Myers, Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> P.O. Box 6962 Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 6962 Suite, Apt. #, etc.	
City & State Fort Myers, Florida		City & State Fort Myers	
Zip 33911	Country USA	Zip 33911	Country USA

DO NOT WRITE IN THIS SPACE

*RCB 8/31*

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> Applied For		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Robert V. Rosenwasser Street Address (P.O. Box Number is Not Acceptable) 5650 NE 2nd Avenue		
	City Miami	<b>FL</b>	Zip Code 33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director/Dean of Education Joseph R. Gabriel 1938 Golfview Avenue Fort Myers, Florida 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800040690528 08/31/04-01028-003 \$122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary/Director of Adm. Natacha Gabriel 1938 Golfview Avenue Fort Myers, Florida 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Exec. Vice President Emy Etienne, Sr. 749 NE 82nd Street Miami, Florida 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Corporate Treasurer Jean Paul Saint Phard 12433 NE Miami Court Miami, Florida 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street Ft. Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph R. Gabriel* Joseph R. Gabriel, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/2004

Date

(239)292-7357

Daytime Phone #