

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006902

FILED  
May 08, 2010  
Secretary of State

**Entity Name:** EBENEZER CHRISTIAN ACADEMY OF FORT MYERS, INC.

**Current Principal Place of Business:**

2420 HIGHLAND AVE  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6962  
FORT MYERS, FL 33911 US

**New Mailing Address:**

**FEI Number:** 20-1545729      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GABRIEL, JOSEPH  
2501 DAVIS STREET  
FORT MYERS, FL 33916 US

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:** EDCT  
**Name:** GABRIEL, JOSEPH R D  
**Address:** 2501 DAVIS STREET  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** SDT  
**Name:** GABRIEL, NATACHA  
**Address:** 2501 DAVIS ST  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** VPDT  
**Name:** ETIENNE, EMY SR  
**Address:** 749 NE 82ND STREET  
**City-St-Zip:** MIAMI, FL 33161

**Title:** TD  
**Name:** SAINT PHARD, JEAN PAUL  
**Address:** 12433 NE MIAMI COURT  
**City-St-Zip:** MIAMI, FL 33161

**Title:** BAE0  
**Name:** RODRIGUEZ, CLIFTON H  
**Address:** 3146 NW 68 STREET  
**City-St-Zip:** FT. LAUDERDALE, FL 333091206

**Title:** VSDT  
**Name:** DESCOLLINE, FRANCESCA  
**Address:** 3025 BROADWAY AVE APT 73  
**City-St-Zip:** FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH R GABRIEL

EDCT

05/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date