NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

05-02-2006 90286 001 *****5.00
05-02-2006 90286 002 *****8.75
05-02-2006 90286 003 ****61.25
N05000005750

FILED
06 MAY 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E037B (8/05)

DOCUMENT # N05000005750

1. Entity Name
Eben-Ezer missionary church de ocala Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 SW 20th St	506 Bahia Cir LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ocala, Florida	Ocala, Florida
City & State: 34474 United States	City & State: 34474 United States
Zip / Country	Zip / Country

4. FEI Number: ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Albert Joseph
Street Address (P.O. Box Number is Not Acceptable): 506 Bahia Cir LN
City: Ocala FL Zip Code: 34474

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: Albert Joseph — 3-21-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended AR

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

Make Check Payable to Florida Department of State

AT

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Deacon / President	Timothee Desulme / Albert Joseph	18 midway court / 506 Bahia Cir LN	Ocala, FL 34474 / Ocala, FL 34474
Deacon	Elizin Florvilus	4 peacon pass dr.	Ocala, FL 34474
Treasurer	Floricia Joseph	3008 SW 20th St	Ocala, FL 34474
Secretary	Past. Sylverus Francois	1100 N.W. 15th place	Ft. Laude, FL 33311
Administrator	Autigen Francois	1510 N.W. 17th AVE	Ft. Loud, FL 33311
Incorporator	Marcel Derosier	1206 NW 15th St	Ft. Lauderdale, FL 33311

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Albert Joseph — 3-21-06 — 352-680-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #