
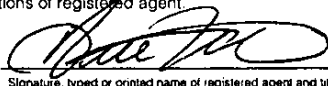



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90038 004 ****61.25

DOCUMENT # N05000005750 1. Entity Name EBEN-EZER MISSIONAIR CHURCHS DE OCALA, INC.					
Principal Place of Business 4800 SW 20 ST OCALA, FL 34474			Mailing Address 506 BAHIA CIR LN OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # 4800 SW 20 St Suite, Apt. #, etc. OCALA FL City & State 34474 Zip		3. Mailing Address 5986 ocala Suite, Apt. #, etc. FL City & State 34478 Zip		4. FEI Number APPLIED FOR Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JOSEPH, ALBERT REV. 506 BAHIA CIRCLE INN OCALA, FL 34472			
7. Name and Address of New Registered Agent Name Albert Joseph Street Address (P.O. Box Number is Not Acceptable) 12249 SW 94 Ln City Dunnellon FL Zip Code 34432		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  DATE 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESOLME, TIMOTHEE PASTOR 18 MIDWAY COURT OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Yvonne Lucien 10916 SW 38 Ave OCALA FL 34476	<input type="checkbox"/> Change <input type="checkbox"/> Addition treasury
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORVILUS, ELIZIN 4 PEACAN PASS DR OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gilbert Lucien 13310 SW 80 St Dunnellon FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition secretary
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, FLORICIA 3008 SW 20TH ST OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jamie Joseph 10916 SW 38 Ave OCALA FL 34476	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director of Youth
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOSEPH, ALBERT 506 BAHIA CIR LN OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Albert Joseph 12249 SW 94 Ln Dunnellon FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition Senior Pastor
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 4/25/08 Daytime Phone # 352-689-6539		