

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009705

FILED
Mar 20, 2009
Secretary of State

Entity Name: NEW EBENEZER ENTERPRISES, INC.

Current Principal Place of Business:

411 PARSHLEY ST
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

411 PARSHLEY ST
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 65-1256492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DORIS
411 PARSHLEY ST
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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: CD () Delete
Name: SMITH, DORIS
Address: 411 PARSHLEY STREET
City-St-Zip: LIVE OAK, FL 32064

Title: SD () Delete
Name: BLALOCK, PAULINE
Address: 411 PARSHLEY ST
City-St-Zip: LIVE OAK, FL 32064

Title: AD () Delete
Name: HINES, VICKIE
Address: 411 PARSHLEY ST
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: JONES, JACKIE
Address: 411 PARSHLEY ST
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: CASON, CATHERINE
Address: 411 PARSHLEY STREET
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS SMITH

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date