2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000004400

Entity Name: L'EGLISE BAPTISTE EBEN EZER, INC.

Current Principal Place of Business:

4490 ROCK SPRINGS RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

PO BOX 1467
APOPKA, FL 32704

New Mailing Address:

FEI Number: 26-0201538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEURIDOR, WILGAINS DR.
5416 HOLTLAND DR
APOPKA, FL 32712 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: P ( ) Delete
Name: FLEURIDOR, WILGAINS PH.D
Address: 5416 HOLTLAND DR
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete
Name: JEAN-BAPTISTE, MONA
Address: 1165 MONTEAGLE CIR
City-St-Zip: APOPKA, FL 32712

Title: S ( ) Delete
Name: FADAEL, JOSEPH
Address: 5416 HOLTLAND DR
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: ALCINE, LUCIENNE MEMBER
Address: 250 MORNING CREEK CIR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLEURIDOR, WILGAINS PASTOR
Address: 5416 HOLTLAND DR
City-St-Zip: APOPKA, FL 32712

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: WILGAINS FLEURIDOR DR. 01/16/2009

Electronic Signature of Signing Officer or Director — Date