2008 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Feb 12, 2008 8:00 am DOCUMENT # N07000008499 **Secretary of State** 1. Entity Name 02-12-2008 90013 035 ****61.25 EBENEZER ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 1600 S.W. 5TH PLACE FT LAUDERDALE FL, 333/2 P.O. BOY 199997 T. LAUDERDALE FL 93312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1600 S.W 5TH + 0,1301 Suite, Apt. #. etc 1st MOORE CR2E037 (10/07) City & State 4. FEI Number Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired PROWAR 33/8 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEARY, MAX 2699 WEST COMMERCIAL BLVD. FT LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its registered office or ed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Delete ☐ Addition YEARY, MAX HAME NAME 2699 WEST COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33309 CITY - ST - ZIP CITY-ST-ZIF ☐ Delate TITLE TITLE ☐ Change ☐ Addition ALEXIS, HERNS NAME NAME 7180 N.W. 20TH CT. STREET ADDRESS STREET ADDRESS SUNRISE FL 33312 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE [] Change RABURN TERRELL R NAME NAME 1437 E. MEMORIAL BLVD. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP THLE Delete TITLE ☐ Change ☐ Addition BETZER, DAN C NAME NAME 6901 HARBOR LANE STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition POWELL, STEVEN L NAME MARAE 7303 GUNSTOCK DR. STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change Addition BLACKBURN, M. WAYNE NAME NAME 1401 GIRFFIN RD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33804 CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employeered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11

SIGNATURE

with all other like empowered.

if changed, or on an attachment wit