

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003036

FILED
Apr 30, 2009
Secretary of State

Entity Name: EBEN-EZER INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

6641 FICUS DR
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6641 FICUS DR
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUSSAINT, ETIENNE O
6641 FICUS DR
MIRAMAR, FL 33023 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: C () Delete
Name: TOUSSAINT, ETIENNE O
Address: 6641 FICUS DR
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: GARCON, RENETTE
Address: 445 NE 90 ST
City-St-Zip: MIAMI, FL 33138

Title: S () Delete
Name: JOSEPH, CECILE
Address: 10461 NW 7 AVE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: MANUEL, DIEUSEUL
Address: 450 NE 114 ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: ST. PAUL, OMANES J
Address: 752 NW 77 TER
City-St-Zip: MIAMI, FL 33150

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: ETIENNE TOUSSAINT

Electronic Signature of Signing Officer or Director

P

04/30/2009

Date