

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006689

FILED
Jan 25, 2009
Secretary of State

Entity Name: HOMESTEAD EBEN EZER CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

233 SW 4TH ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

233 SW 4TH ST
HOMESTEAD, FL 33030

New Mailing Address:

138 NW 2ND STREET
HOMESTEAD, FL 33030

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

Name and Address of Current Registered Agent:

DEAN, TORU
233 SW 4TH ST
HOMESTEAD, FL 33030 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: PD () Delete
Name: JOSEPH, NAZAIRE
Address: 38 NW 2ND ST
City-St-Zip: HOMESTEAD, FL 33030

Title: SD () Delete
Name: MONOTFORT, WISLER
Address: 1805 SW 275 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: TD () Delete
Name: COLBERT, LUJJEAN
Address: 601 NW 12TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD () Delete
Name: JOUJOU, JOSEPH
Address: 138 NW 2ND ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: CETOUTE, BILLY
Address: 190 NW 9TH ST, APT 4
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOSEPH, NAZAIRE
Address: 138 NW 2ND ST
City-St-Zip: HOMESTEAD, FL 33030

Title: SD (X) Change () Addition
Name: NATASHA, BEAUBRUN
Address: 13993 SW 280 TER
City-St-Zip: HOMESTEAD, FL 33030

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: NAZAIRE JOSEPH

PD

01/25/2009

Electronic Signature of Signing Officer or Director

_____ Date