


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90020 050 \*\*\*\*61.25

**DOCUMENT # N18103**  
 1. Entity Name  
**EBENEZER CHRISTIAN CHURCH, INC.**



Principal Place of Business Mailing Address  
**9 NORTH PARK AVE. & ORANGE ST.** **P O BOX 1954**  
**APOPKA FL 32704** **APOPKA FL 32704**  
**US** **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2547428** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAREAU, STEPHEN CPA**  
**1132 JWY 436**  
**APOPKA FL 32703**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent) on this / applicable. (NOTE: Registered Agent signature is required with corrections)

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>NUNEZ, ELIGIO</b>
STREET ADDRESS	<b>1903 LESLIE ANN LANE</b>
CITY- ST- ZIP	<b>OCOOE FL 34761</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>NUNEZ, JUANA F</b>
STREET ADDRESS	<b>1903 LESLIE ANN LANE</b>
CITY- ST- ZIP	<b>OCOOE FL 34761</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MORELL, RAFAEL</b>
STREET ADDRESS	<b>1301 SURF AVE</b>
CITY- ST- ZIP	<b>APOPKA FL 32703</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARELA, JUANA</b>
STREET ADDRESS	<b>1502 E. VOTAW RD</b>
CITY- ST- ZIP	<b>APOPKA FL 32703</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **4-4-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr