2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26782

FILED May 01, 2007 Secretary of State

Entity Name: EBENEZER FAMILY LIFE CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 4410 TARGEE AVENUE NORTH PORT, FL 342874221 US **Current Mailing Address: New Mailing Address:** P.O. BOX 120025 FT. LAUDERDALE, FL 33312 US FEI Number: 65-0120343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HODGES, PERRY W. 1401 EAST BROWARD BOULEVARD, #300 FT. LAUDERDALE, FL 333012116 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NUMA, PREVOIT (REV), Name: Name: Address: 4410 TARGEE AVENUE Address: City-St-Zip: NORTH PORT, FL 342874221 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: ETENNE, CHIMME Name: ETENNE, CHIMENE Address: 625 SOUTHWEST 11TH AVENUE Address: 625 SOUTHWEST 11TH AVENUE City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312 Title: () Delete Title: (X) Change () Addition SENATUS, PHILIPPE YVES, POLYCARPE Name: Name: 5325 N.W. 16TH ST. 4401 NW 23 COURT. Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

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: PREVOIT NUMA PD 05/01/2007