FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:16

DOCUMENT # N39763 (0)

1. Corporation Name
EBENEZER ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business	Mailing Address
12401 S.W. 224YH STREET P.O. BOX 462 MIAMI FL 33170	12401 S.W. 224YH STREET P.O. BOX 462 MIAMI FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1990
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0217792 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

GREER. T EDWARD REV
11930 S.W. 175TH STREET
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREER, T EDWARD REV	1.2 NAME	
STREET ADDRESS	11930 SW 175TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, ERROL N.	2.2 NAME	
STREET ADDRESS	12030 S.W. 177TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LEROY JR.	3.2 NAME	
STREET ADDRESS	16924 S.W. 119TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GREER, THOMAS E. JR.	4.2 NAME	
STREET ADDRESS	9291 S.W. 36TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S/T ☒ Change ☐ Addition
NAME	OLTON, DEBRA E.	5.2 NAME	BRENDA LOUARD
STREET ADDRESS	19715 S.W. 114TH AVE., #254	5.3 STREET ADDRESS	19525 S.W. 129TH AVENUE
CITY-ST-ZIP	MIAMI FL 33157-1006	5.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	T	6.1 TITLE	D ☒ Change ☐ Addition
NAME	EVANSON, VEALATAE	6.2 NAME	ETHAINE DAVIS-GREER
STREET ADDRESS	10920 S.W. 200 DR. #434-S	6.3 STREET ADDRESS	11307 S.W. 190TH LANE
CITY-ST-ZIP	MIAMI FL 33157	6.4 CITY-ST-ZIP	MIAMI FL 33157

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ REV. T. EDWARD GREER 3/4/95 305-253-6308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044243