

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N39763** (0)

1. Corporation Name

EBENEZER ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

Mailing Address

**12401 S.W. 224TH STREET
P.O. BOX 462
MIAMI FL 33170**

**12401 S.W. 224TH 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

06/25/1996

4. FEI Number

65-0217792

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREER, THOMAS E
17255 SW 95TH AVE #B458
MIAMI FL 33157**

81 Name

THOMAS E. GREER, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

17401 SW 84 CT

84 City

MIAMI

FL

85 Zip Code

33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **STEWART, ERROL N.**
STREET ADDRESS **12030 S.W. 177TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33177**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BROWN, LEROY JR.**
STREET ADDRESS **16924 S.W. 119TH PLACE**
CITY-ST-ZIP **MIAMI FL 33177**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **GLEER, THOMAS**
STREET ADDRESS **17255 SW 95 AVE #B458**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **LOUARD, BRENDA**
STREET ADDRESS **19525 SW 129TH AVE**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DAVIS-GREER, ETHAINE**
STREET ADDRESS **11307 SW 190 LANE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **MIAMI TOASE (D)**
5.3 STREET ADDRESS **12401 S.W. 224 ST**
5.4 CITY-ST-ZIP **MIAMI, FL 33170**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE REQUIRED GREER THOMAS E. 9/16/97

CR2E037 (4/97)