

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR 23 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N45910 (9)
 1. Corporation Name
EBENEZER UNITED METHODIST CHURCH OF ORLANDO, INC

Principal Place of Business Mailing Address
1019 S. GOLDWYN AVENUE ORLANDO FL 32805-4305

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **11/06/1991** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-3011754** 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

9. Name and Address of Current Registered Agent
**BRIGHT, RUDOLPH
 3491 COLWYN COURT
 ORLANDO FL 32812**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, JAMES
STREET ADDRESS	3413 LIPSCOMB PLACE
CITY-ST-ZIP	ORLANDO FL
TITLE	V
NAME	JACKSON, DORIS
STREET ADDRESS	6100 HOLIDAY HILL LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	S
NAME	BLACK, BERNICE D.
STREET ADDRESS	3301 WOLCOTT PLACE
CITY-ST-ZIP	ORLANDO FL
TITLE	F
NAME	FINLEY, BENJAMIN
STREET ADDRESS	433 SURREY RUN
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D
NAME	BARTON, JOHN
STREET ADDRESS	437 N TAMPA AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	BRIGHT, RUDOLPH
STREET ADDRESS	3491 COLWYN COURT
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doris Jackson
1.3 STREET ADDRESS	6100 Holiday Hill Lane
1.4 CITY-ST-ZIP	Orlando, Florida 32805
2.1 TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elaine Aikens
2.3 STREET ADDRESS	126 Domino Street
2.4 CITY-ST-ZIP	Orlando, Florida 32805
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sheryl Alexander
3.3 STREET ADDRESS	508 Betsy Ross Terrace
3.4 CITY-ST-ZIP	Orlando, Florida 32805
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rudolph Bright* *3/1/95*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #