

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1972

FILED

05 NOV 18 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

10072005 REIN-NP CR2E099 (6/04)

DOCUMENT # N45910 1. Entity Name EBENEZER UNITED METHODIST CHURCH OF ORLANDO, INC.					
Principal Place of Business 1224 26TH STREET ORLANDO, FL 32805-5437		Mailing Address 1224 26TH STREET ORLANDO, FL 32805-5437			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-3011754		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent BRIGHT, RUDOLPH 934 N MAGNOLIA AVENUE SUITE 320 ORLANDO, FL 32803-3889			7. Name and Address of New Registered Agent Name James Boston Street Address (P.O. Box Number is Not Acceptable) 1224 26th Street City Orlando FL Zip Code 32805-5437		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				200060693952 10/17/05--01080--006 **\$1.25 <small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCOTT, WILLIE STREET ADDRESS 1406 WILTON AVENUE CITY-ST-ZIP ORLANDO, FL 32805	<input type="checkbox"/> Delete		TITLE D NAME Joyce Bright STREET ADDRESS 1224 26th Street CITY-ST-ZIP Orlando, FL 32805-5437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VCD NAME JACKSON, DORIS STREET ADDRESS 6100 HOLIDAY HILL LANE CITY-ST-ZIP ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete		TITLE T NAME Felicia Gardner STREET ADDRESS 1224 26th Street CITY-ST-ZIP Orlando, FL 32805-5437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME JOHNSON, KIM STREET ADDRESS 456 COTTAGE HILL ROAD CITY-ST-ZIP ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete		TITLE D NAME James Boston STREET ADDRESS 1224 26th Street CITY-ST-ZIP Orlando, FL 32805-5437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME BRIGHT, RUDOLPH STREET ADDRESS 934 N MAGNOLIA AVENUE, SUITE 320 CITY-ST-ZIP ORLANDO, FL 328033889	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME Joyce Bright STREET ADDRESS 1224 26th St. CITY-ST-ZIP Orlando, FL 32805-5437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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 <small>Signature, typed or printed name of signing officer or director</small>				Date Daytime Phone #	

11-18-05

2012

Ebenezer United Methodist Church
N 45910

To Who IT MAY concern:

We did not receive the ²⁰⁰⁵ notice for filing
the Annual report.

Thank you for your assistance.

J. Griffin