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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51009

1. Corporation Name

THE EBENEZER SEVENTH-DAY ADVENTIST CHURCH, INC.

Principal Place of Business

3206 SOUTH
UNIVERSITY DR
MIRAMAR FL 33025
US

Mailing Address

3206 SOUTH
UNIVERSITY DR
MIRAMAR FL 33025
US



2. Principal Place of Business

21 3970 S W 40TH AVE.

Suite, Apt. #, etc.

22 City & State
23 Holly wood, Florida

24 Zip Country
25 33023 26 Broward

2a. Mailing Address

26 4350 West Hallandale

Suite, Apt. #, etc.

27 Beach Blvd. 4th Floor

28 City & State
29 Holly wood, Florida

30 Zip Country
31 33023 32 Broward

3. Date Incorporated or Qualified

09/24/1992

4. FEI Number

65-0363625

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

9. Name and Address of Current Registered Agent

PRYCE, JAMES RICHARD
6748 AZALEA DRIVE
MIRAMAR FL 33023

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 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PRYCE, JAMES RICHARD
STREET ADDRESS 6748 AZALEA DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ED
NAME MELBOURN, NOE
STREET ADDRESS 660 NORTH WEST 177 CT APT 206
CITY-ST-ZIP MIAMI FL 33169

TITLE D
NAME PRYCE, DALVIN
STREET ADDRESS 10111 MARTINIQUE DRIVE
CITY-ST-ZIP MIAMI FL 33189

TITLE STD
NAME BOGLE, FAYE
STREET ADDRESS 5264 NORTH WEST 186 STREET
CITY-ST-ZIP MIAMI FL 33055

TITLE D
NAME ELSHOT, EDWARD
STREET ADDRESS 1800 SANS SOUCI BLVD. APT. 330
CITY-ST-ZIP MIAMI FL 33181

TITLE T
NAME AMBROSE, PAMELLA
STREET ADDRESS 5048 N.W. 186 STREET
CITY-ST-ZIP MIAMI FL 33655

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)