

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51009

FILED
Jul 11, 2004
Secretary of State**Entity Name:** THE EBENEZER SEVENTH-DAY ADVENTIST CHURCH, INC.**Current Principal Place of Business:**2035 HARDING STREET, 1ST FLOOR
HOLLYWOOD, FL 33020 US**New Principal Place of Business:**2035 HARDING STREET, SUITE 100
HOLLYWOOD, FL 33020 US**Current Mailing Address:**2035 HARDING STREET, 1ST FLOOR
HOLLYWOOD, FL 33020 US**New Mailing Address:**2035 HARDING STREET, SUITE 100
HOLLYWOOD, FL 33020 US**FEI Number:** 65-0363625**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PRYCE, JAMES R
2035 HARDING STREET, 1ST FLOOR
HOLLYWOOD, FL 33020 US**Name and Address of New Registered Agent:**PRYCE, JAMES R
2035 HARDING STREET, SUITE 100
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: JAMES R. PRYCE

07/11/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRYCE, JAMES R
Address: 6803 SW 194 AVE.
City-St-Zip: PEMBROKE PINES, FL 33332

Title: ED () Delete
Name: NOGLE, FAYE
Address: 5264 NW 186 ST
City-St-Zip: MIAMI, FL 33055

Title: ED () Delete
Name: MCFIELD, SHIRLEY
Address: 4601 SW 40TH ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: S () Delete
Name: PRYCE, BEVERLY
Address: 6803 SW 194 AVE.
City-St-Zip: PEMBROKE PINES, FL 33332

Title: D () Delete
Name: NICANORD, ERNEST J
Address: 820 N.W. 78TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: PRYCE, ANN MARIE
Address: 19022 N.W. 27TH AVE., APT 108
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: STANBERRY, RENFORD
Address: 2035 HARDING STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. PRYCE

PD

07/11/2004

Electronic Signature of Signing Officer or Director

Date