

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

DOCUMENT # N51009

1. Entity Name
THE EBENEZER SEVENTH-DAY ADVENTIST CHURCH, INC.



Principal Place of Business

**8970 SW 40TH AVE
HOLLYWOOD FL 33023
US**

Mailing Address

**4350 WEST HALANDALE BCH BLVD
4TH FLOOR
HOLLYWOOD FL 33023
US**

2. Principal Place of Business

**2035 Harding Street
Suite, Apt. #, etc.
1st Floor**

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Hollywood FL

City & State

Same

Zip

33020

Country

Broward

Zip

Country

4. FEI Number **65-0363625**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PRYCE, JAMES R
4350 W. HALANDALE BEACH BLVD, 4TH FLOOR
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name **JAMES R. PRYCE**
Street Address (P.O. Box Number is Not Acceptable)

**2035 Harding Street 1st Floor
City Hollywood FL 33020 FL** Zip Code

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 **JAMES R. PRYCE**

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

(NOTE: Registered Agent signature required when reinstating)

3-17-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRYCE, JAMES R	
STREET ADDRESS	2642 33RD STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33009	
TITLE	ED	<input type="checkbox"/> Delete
NAME	NOGLE, FAYE	
STREET ADDRESS	5264 NW 186 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MCFIELD, SHIRLEY	
STREET ADDRESS	4601 SW 40TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRYCE, BEVERLY	
STREET ADDRESS	2642 33RD STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICANORD, ERNEST J	
STREET ADDRESS	820 N.W. 78TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRYCE, ANN MARIE	
STREET ADDRESS	19022 N.W. 27TH AVE., APT 108	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JAMES R. PRYCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6803 SW 194 AVE.	
CITY-ST-ZIP	Pembroke Pines FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Beverly Pryce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6803 SW 194 AVE	
CITY-ST-ZIP	Pembroke Pines, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

3-17-03

CR2E037 (10/02)