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

DOCUMENT # N51009

1. Entity Name

THE EBENEZER SEVENTH-DAY ADVENTIST CHURCH, INC.



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

03-20-2003 90384 001 ****61.25 03-20-2003 90384 002 *****8.75



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1	ace of Business	Mailing Address						
HOLLYWOOD		4350 WEST HALANDALE BO	H BLVD					
US	FL 33023	4TH FLOOR HOLLYWOOD FL 33023		i				
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	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc. Suite, Apt. #, etc.			•		É	CHECK HERE IF N	MAKING CHANGES	S
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City & State City & State					4. FEI Number 65-0363625		 	oplied For
Žρ	Country	Zip	Country					lot Applicable
3 30	6. Name and Address of Current F	, 	,	}	5. Certificate of St	atus Desired '	\$8.75 Ad Fee Requir	
		·	7. Name and Add	ress of New Regis	stered Agent			
201/05		~	Name	Ta	mES. R.	Price	26	
PRYCE, JAMES R 4350 W. HALVANDALE BEACH BLVD, 4TH FLOOR			Street Address (P.O. Box Number is Not Acceptable)					
HOLLYM	<u> </u>				1 .5/	,		
Hotern	/0 96 FL 33023		20	35	HArding	g Shel	4 1st F	106R
			City	4/16	1100	17200	Zip Coo	de
8. The above	e named entity submits this statement for	the purpose of changing its re	eaistered office	or registere	ed agent, or both, in t	the State of Florida	Lam familiar with	and accord
the obliga	tions of registered agent.		- 5		a agon, or oon, in		. rammamila with	, and accept
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SIGNATURE JAMES R theyer a 7-17-03							05	
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when revisitating) DATE								
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con					PP	Ranka .	Chasle Barrabla	
	FILE NOW: FEE 15 \$61.25				\$5.00 May Be		Check Payable	
	FILE 14044; FEE 15 \$61.25				Added to Fees		Check Payable Department of	
10.	OFFICERS AND DIRE	Trust Fund Co		<u> </u>	Added to Fees	Florida [Department of	State
10. TITLE	OFFICERS AND DIRE	Trust Fund Co	ntribution.	AI	Added to Fees DDITIONS/CHANGE	Florida [Department of	State
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12. I hereby certify that the information supplied with this filling 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 of 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: