


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N92000000979</b> 1. Entity Name <b>EBEN-EZER HAITIAN BAPTIST CHURCH OF PORT CHARLOTTE, INC.</b>	
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Principal Place of Business <b>17195 OAKLEAF AVE PORT CHARLOTTE, FL 33953</b>	Mailing Address <b>PO BOX 380996 MURDOCK, FL 33938</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P  
1861 PLACIDA RD.  
SUITE 104  
ENGLEWOOD, FL 34223**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000701554 04/20/07-80062-019 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOBY, ENOC 3068 PELLAM BLVD. PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOBY, MARIA 3068 PELLAM BLVD. PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOMINY, LUCIEN 17365 PHEASANT CIRCLE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Enoc Toby ENOC Toby **4-9-07** **941 629-5301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #