

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 021 ****61.25



DOCUMENT # N95000004322
 1. Entity Name
EGLISE EBEN-EZER D'ORLANDO INC.

Principal Place of Business: 2392 W CHURCH ST. REET ORLANDO FL 32855
 Mailing Address: P.O. BOX 550085 ORLANDO FL 32855 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: 59-3351309
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
JEAN, MAUREL
1547 DALY ST
ORLANDO FL 32808

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: JEAN, MAUREL STREET ADDRESS: 1547 DALY ST CITY - ST - ZIP: ORLANDO FL 32808 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: JEAN, MAUREL STREET ADDRESS: 5311 Aeolus WAY CITY - ST - ZIP: ORLANDO FL 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: SAINT LOUIS, JOSEPH STREET ADDRESS: 4009 KILTY COURT CITY - ST - ZIP: ORLANDO FL 32839 <input checked="" type="checkbox"/> Delete		TITLE: VD NAME: St Louis Joseph STREET ADDRESS: 4009 KILTY CT CITY - ST - ZIP: ORLANDO FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: SALNAVE, JEAN STREET ADDRESS: 7458 RADIANT CIR. CITY - ST - ZIP: ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete		TITLE: SD NAME: MARIE St Louis STREET ADDRESS: 4009 KILTY CT CITY - ST - ZIP: ORLANDO FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maurel Jean 4/13/07 407, 291-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #