2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N97000005344

Entity Name: EBENEZER HUMAN SERVICES, INC.

Current Principal Place of Business:

816 NW 1ST AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

816 NW 1ST AVENUE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0780089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, BEULAH L
2458 WILEY STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOHNSON, JOE C	
Address:	228 SW 5TH AVENUE	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	VD	( ) Delete
Name:	JACKSON, ROSYLN	
Address:	120 NW 207TH STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	TD	( ) Delete
Name:	WILLIAMS, ROBERT	
Address:	529 NW 3RD COURT	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	SD	( ) Delete
Name:	COOPER, SUSAN	
Address:	8250 CLEARY BLVD.	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	REED, KERMIT	
Address:	2465 NW 179 TERRACE	
City-St-Zip:	MIAMI, FL 33056	
Title:	D	( ) Delete
Name:	HARRIS, LIZA	
Address:	1305 SW 28TH AVENUE	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOE C JOHNSON PD 04/28/2004

Electronic Signature of Signing Officer or Director — Date