

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005344

FILED
May 04, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: TD (X) Change () Addition
Name: BACON, NELLIE L
Address: 860 NW 173RD TERR
City-St-Zip: MIAMI GARDENS, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORGAN, COLTON
Address: P.O. BOX 2756
City-St-Zip: HALLANDALE, FL 33008

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

05/04/2005

Electronic Signature of Signing Officer or Director

Date