

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90639 036 *****61.25

DOCUMENT # N98000006633

1. Entity Name

EBEN-EZER BAPTIST CHURCH OF FT. MYERS, INC.



Principal Place of Business

**PO BOX 6580
FORT MYERS FL 33911**

Mailing Address

**2250 ROYAL PALM
FT. MYERS FL 33901**

2. Principal Place of Business

3065 Broadway Ave.

Suite, Apt. #, etc.

Fort Myers Fl. 33901

City & State

3. Mailing Address

P.O. BOX 6580

Suite, Apt. #, etc.

Fort Myers Fl.

City & State

Zip **33901**

Country **LEE**

Zip **33901**

Country **LEE**

4. FEI Number **65-0975889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEAN, NAZIUS
2250 ROYAL PALM AVE.
FORT MYERS FL 33901**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-03

FILE NOW: FEE IS \$61.25

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

TITLE **D.** ☐ Delete
NAME **JEAN, NAZIUS**
STREET ADDRESS **PO BOX 6580**
CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE **S** ☐ Delete
NAME **GEORGES, MURAT**
STREET ADDRESS **PO BOX 6580**
CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE **T** ☐ Delete
NAME **LEBRUN, GERTHA**
STREET ADDRESS **PO BOX 6580**
CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE **T** ☐ Delete
NAME **AVILMAN, BEREMENE**
STREET ADDRESS **PO BOX 6580**
CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE **D** ☐ Delete
NAME **TONDROSE, GARY**
STREET ADDRESS **PO BOX 6580**
CITY-ST-ZIP **FORT MYERS FL 33911**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

REQUIRED

4-13-03

CR2E037 (10/02)