

05171999-90005-025-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000067263		
1. Corporation Name EBENEZER'S CHRISTIAN BOOK STORE & BOUTIQUE, INC.		

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90005 025 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 53 Bluff Lake Rd Suite, Apt. #, etc. 22 2	2a. Mailing Address 26 P O Box 1106 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/31/1998
22 City & State 23 Mascotte fl 34753	28 Mascotte Fl 34753	4. FEI Number 59-3576229 Applied For Not Applicable
24 Zip 25	29 Zip 30 Country	5. Certificate of Status Desired □ \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent JORDAN, EDWARD P II 13543 EAST HWY 50 CLERMONT FL 34711		6. Election Campaign Financing Trust Fund Contribution □ \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No
		10. Name and Address of New Registered Agent 81 Name Jordan, Edward P II 82 Street Address (P.O. Box Number is Not Acceptable) 13543 East Hwy. 50 83 Clermont Fl 34711 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edward Jordan*J. Horne*

5-5-99

DATE

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUADAMUZ, INES 53 BLUFF LAKE ROAD MASCOTTE FL 34711	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Guadamuz, Ines 53 Bluff Lake Rd Mascotte Fl 34753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUADAMUZ, FRANCISCO 53 BLUFF LAKE ROAD MASCOTTE FL 34711	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Guadamuz, Francisco 53 Bluff Lake Rd Mascotte Fl 34753
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: One *J. Horne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5-5-99 (352) 409-9875
Date Daytime Phone #

CR2E034 (11/98)