

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010977

Entity Name: EBENEZER ASSEMBLY OF GOD CHURCH, INC.**Current Principal Place of Business:**2269 INDIAN RD BLDG.3
SUIT A
WEST PALM BEACH, FL 33409**Current Mailing Address:**P.O. BOX 223453
WEST PALM BEACH, FL 33422**FEI Number: 46-2441681****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name CHARLOT, DAVID PASTOR
Address 230 NORTH WARE DRIVE
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name ALTIDOR, MARIE W
Address 230 NORTH WARE DRIVE
City-State-Zip: WEST PALM BEACH FL 33409

Title ASST. SECRETARY
Name EXIMOND, LOURNIA
Address 421 EXECUTIVE CENTER DR
 APT 104
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER
Name AUGUSME, CEREVERT
Address 2617 ALEXANDER AVE
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY
Name CHARLOT, JONISE
Address 5207 WALLIS RD
 APT A
City-State-Zip: WEST PALM BEACH FL 33415

Title ASST. TREASURER
Name CHARLES, MADELENE
Address 4834 ORLEANS COURT
 APT B
City-State-Zip: LAKE WORTH FL 33415

Title OFFICER
Name MILORD, PRECICE
Address 3033 S MILITARY TRL
 LOT 65
City-State-Zip: LAKE WORTH FL 33463

Title OFFICER
Name CHARLOT, JOSEPH J
Address 5207 WALLIS RD
 APT A
City-State-Zip: WEST PALM BEACH FL 33415

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I hereby 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 all other like empowered.

SIGNATURE: JONISE CHARLOT**SECRETARY****04/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LUCAS, IDALBERT
Address	4838 SANBAR WILLOW CT
City-State-Zip:	ORLANDO FL 32808