

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000000024**

1. Entity Name

EBENEZER MISSION INTERNATIONAL, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 035 ****61.25

Principal Place of Business: **5653 MYAKKA AVE
 INTERCESSION CITY FL 33848
 US**

Mailing Address: **PO BOX 307
 INTERCESSION CITY FL 33848
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number **56-1625895**

Applied For: Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORISSET, MICHEL
 5653 MYAKKA AVENUE
 INTERCESSION CITY FL 33848**

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.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* *[Handwritten Signature]* *[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: *[Handwritten Date]*

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DP	<input type="checkbox"/> Delete
NAME: MORISSET, MICHEL	
STREET ADDRESS: 5647 MYAKKA AVENUE	
CITY-ST-ZIP: INTERCESSION CITY FL 33848	
TITLE: DS	<input type="checkbox"/> Delete
NAME: YOMANS, ELIZABETH	
STREET ADDRESS: 700 EAST RIVERVIEW	
CITY-ST-ZIP: SUFFOLK VA 23434	
TITLE: DT	<input type="checkbox"/> Delete
NAME: PIERRE, YVAN	
STREET ADDRESS: 5653 MYAKKA AVENUE	
CITY-ST-ZIP: INTERCESSION CITY FL 33848	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>member Platel G. Pierre</i>	
STREET ADDRESS: <i>1031 NE 180 Terrace</i>	
CITY-ST-ZIP: <i>North Miami Beach, Fla 33162</i>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>member MORISSET Hérissé</i>	
STREET ADDRESS: <i>5653 Myakka Ave</i>	
CITY-ST-ZIP: <i>Intercession City, Fla 33848</i>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature]* **07-18-2000** **(407) 518-6583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)