


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90039 025 \*\*\*\*70.00

<b>DOCUMENT # 716622</b>							
1. Entity Name <b>EBENEZER FREE WILL BAPTIST CHURCH, INC.</b>							
Principal Place of Business <b>4111 SW 4TH ST. MIAMI, FL 33134</b>		Mailing Address <b>4111 SW 4TH ST. MIAMI, FL 33134</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-1370896</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>RODRIGUEZ, JOSE L</b> <b>8675 NW 2ND TERRACE</b> <b>MIAMI, FL 33126</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MIRELES, CARLOS		NAME				
STREET ADDRESS	5032 N.W. 188TH STREET		STREET ADDRESS				
CITY - ST - ZIP	CORAL CITY, FL		CITY - ST - ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	YERA, PEDRO		NAME				
STREET ADDRESS	10450 S.W. 5TH STREET		STREET ADDRESS				
CITY - ST - ZIP	SWEETWATER, FL		CITY - ST - ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	IZQUIERDO, PEDRO J.		NAME				
STREET ADDRESS	7231 S.W. 13TH STREET		STREET ADDRESS				
CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RODRIGUEZ, JOSE L		NAME				
STREET ADDRESS	8675 NW 2ND TERRACE		STREET ADDRESS				
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MESA, MIGUEL		NAME				
STREET ADDRESS	10530 SW 27 STREET		STREET ADDRESS				
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jose L. Rodriguez</u>		Date: <u>1/30/08</u>		Daytime Phone #: <u>(305) 443-2431</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

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