


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90043 023 ****70.00

DOCUMENT # 731167							
1. Entity Name IGLESIA BAUTISTA EBENEZER, INC.							
Principal Place of Business 4990 EAST 8TH AVE. HIALEAH, FL 33013			Mailing Address 4990 EAST 8TH AVE. HIALEAH, FL 33013				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04222007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 01-9490823 Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DELLET, OSCAR 19403 SW 114TH PL MIAMI, FL 33157			Name Dellet, Oscar				
			Street Address (P.O. Box Number is Not Acceptable) 8850 N.W 147 LN				
			City Miami Lakes		FL	Zip Code 33018	
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEZA, NORMA		NAME	Talavera, Jorge R.			
STREET ADDRESS	4841 NW 176TH ST		STREET ADDRESS	8816 N.W 118 St.			
CITY-ST-ZIP	CAROL CITY, FL 33055		CITY-ST-ZIP	Hialeah Gardens FL 33018			
TITLE	PS	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELLET, OSCAR		NAME	Dellet, Oscar			
STREET ADDRESS	19403 SW 114TH PL		STREET ADDRESS	8850 N.W 147 LN			
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Miami Lakes, FL 33018			
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAVARRO, AILEN		NAME	Torriente; Diana C			
STREET ADDRESS	9911 W OKEEDHOBEE RD APT 308		STREET ADDRESS	3521 E. 8 Ct			
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, FL 33013			
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				
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				
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: _____			Date 4-28-07		Daytime Phone # 786-553-7361		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							