

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT 24 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 01-9490823	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLET, OSCAR 8850 NW 147 LN MIAMI LAKES, FL 33018			7. Name and Address of New Registered Agent Name Wilfredo Pantoja Street Address (P.O. Box Number is Not Acceptable) 4990 East 8th Avenue City Hialeah FL Zip Code 33013		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 10/21/08 <small>DATE</small>	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	TD TALAVERA, JORGE R 8816 NW 118 ST HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	600137250276 10/24/08--01023--001 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELLET, OSCAR 8850 NW 147 LN HIALEAH, FL 33018	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Wilfredo Pantoja 4990 East 8th Avenue Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TORRIENTA, DIANA C 3521 E 8 CT HIALEAH, FL 33013	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANUEL, RAVELO 5780 NW 186 ST APT 106 HIALEAH, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINEDA, ANITA 2580 W 64 ST HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.					
SIGNATURE:				DATE 10/21/08 (305) 885-2731	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	