

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002418

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: E.S. MINISTRIES INC.

**Current Principal Place of Business:**

102 MIMOSA ST.  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

102 MIMOSA ST.  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 50-0003899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTIAGO, EDWIN  
102 MIMOSA ST  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTIAGO, EDWIN PD  
Address: 102 MIMOSA ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: SANTIAGO, ZELIDED VD  
Address: 102 MIMOSA ST.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete  
Name: ANGEL, VAZQUEZ TD  
Address: 4570 KELMAR DRIVE  
City-St-Zip: WPB, FL 33415

Title: DT ( ) Delete  
Name: CRESPO, JOBITA DT  
Address: 102 MIMOSA ST.  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD ( ) Delete  
Name: KERWIN, SANTIAGO VD  
Address: 4370 FOREST LANE  
City-St-Zip: PALM SPRINGS, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOBITA CRESPO

DT

04/30/2007

Electronic Signature of Signing Officer or Director

Date