

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N02000002418

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: KARELY, CABUS TD
Address: 102 MIMOSA ST.
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title: TD () Delete
Name: HERNANDEZ, WILLIAM
Address: 102 MIMOSA ST
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: KARELY CABUS

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date