

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

2/1

02-10-2003 90149 012 ****61.25

DOCUMENT # N02000002418



1. Entity Name
E.S. MINISTRIES INC.

Principal Place of Business
**102 MIMOSA ST.
ROYAL PALM BEACH FL 33411**

Mailing Address
**102 MIMOSA ST.
ROYAL PALM BEACH FL 33411**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
50-0003899

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input type="checkbox"/> Delete
NAME	SANTIAGO, EDWIN	
STREET ADDRESS	102 MIMOSA ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	D
TITLE	V	<input type="checkbox"/> Delete
NAME	SANTIAGO, ZELDED	
STREET ADDRESS	102 MIMOSA ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	D
TITLE	T	<input type="checkbox"/> Delete
NAME	ELIAS, JUAN V	
STREET ADDRESS	156 PARKWOOD DR.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	D
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Asst. Director / Trust.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jobita Crespo	
STREET ADDRESS	102 mimosa st.	D
CITY-ST-ZIP	RPB, FL. 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: ~~SIGNATURE REQUIRED~~ _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)