

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27034 (0)**

1. Corporation Name

**IGLESIA PENTECOSTAL EBENEZER, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 051301  
FT. MYERS FL 33905

P O BOPX 051301  
FT MYERS FL 33905  
US

3. Date Incorporated or Qualified  
**06/20/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21 3701 BALLARD ROAD**

2a. Mailing Address  
**26 P. O. BOX 051301**

4. FEI Number  
**65-0066393**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
**23 FORT MYERS, FLORIDA**

City & State  
**28 FORT MYERS, FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
**24 33916**

Country  
**25 USA**

Zip  
**29 33905**

Country  
**30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, ANA M  
13113 CARIBBEAN BLVD  
FT MYERS FL 33905**

81 Name **( SAME )**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD TORRES, ANA M**  
STREET ADDRESS **13113 CARIBBEAN BLVD**  
CITY - ST - ZIP **FT. MYERS FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **SUB-SECRETARY**  
1.3 STREET ADDRESS **MARIA FALERO**  
1.4 CITY - ST - ZIP **1259 WILLIAMS STREET**  
**FORT MYERS, FLORIDA 33916**

TITLE ☐ DELETE  
NAME **SD LADRIYE, BELKYS**  
STREET ADDRESS **22644 WINKLER AVE**  
CITY - ST - ZIP **CAPE CORAL FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **ANA ADORNO**  
2.3 STREET ADDRESS **3311 4TH ST. SW**  
2.4 CITY - ST - ZIP **LEHIGH ACRES, FL 33971**

TITLE ☐ DELETE  
NAME **TD ADORNO, ANA**  
STREET ADDRESS **2221 E 5TH ST**  
CITY - ST - ZIP **LEHIGH ACRES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **VPD PEREZ, LUIS**  
STREET ADDRESS **4255 BALLARD RD**  
CITY - ST - ZIP **FT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **STD SERRANO, CANINDA M**  
STREET ADDRESS **13343 SE 2ND ST**  
CITY - ST - ZIP **FT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **AT BURGOS, KATHERINE**  
STREET ADDRESS **305 W. LEELAND HEIGHTS BLVD.**  
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

(941) 332-5934

Date

Daytime Phone #

CR2E037 (12/95)