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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N27034 (0)

1. Corporation Name

IGLESIA PENTECOSTAL EBENEZER, INC.



Principal Place of Business

Mailing Address

3701 BALLARD ROAD
FT. MYERS FL 33916
US

POST OFFICE BOX 051301
FT MYERS FL 33994-1301
US

3. Date Incorporated or Qualified
06/20/1988

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0066393

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

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

24

25

29

30

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

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

1.1 TITLE PD Change Addition
1.2 NAME TORRES, ANA M.
1.3 STREET ADDRESS 13113 CARIBBEAN BLVD
1.4 CITY-ST-ZIP FT. MYERS, FL 33905

TITLE SD DELETE
NAME LADRIYE, BELKYS
STREET ADDRESS 22844 WINKLER AVE
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE TREASURER SEC. Change Addition
2.2 NAME LADRIYE, BELKYS
2.3 STREET ADDRESS P.O. BOX 50392
2.4 CITY-ST-ZIP FT. MYERS, FL 33994 (N/A)

TITLE TD DELETE
NAME ADORNO, ANA
STREET ADDRESS 3311 4TH STREET SW
CITY-ST-ZIP LEHIGH ACRES FL

3.1 TITLE TD Change Addition
3.2 NAME ADORNO, ANA
3.3 STREET ADDRESS 3311 4TH STREET SW
3.4 CITY-ST-ZIP LEHIGH ACRES, FL 33971

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

4.1 TITLE VPD Change Addition
4.2 NAME PEREZ, LUIS
4.3 STREET ADDRESS 4255 BALLARD RD.
4.4 CITY-ST-ZIP FT. MYERS, 33905

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

5.1 TITLE SUB. TREASURER Change Addition
5.2 NAME ANA LEBRON
5.3 STREET ADDRESS 13455 2nd STREET
5.4 CITY-ST-ZIP FT. MYERS, FL 33905

TITLE SS DELETE
NAME FALERO, MARIA
STREET ADDRESS 1259 WILLIAMS STREET
CITY-ST-ZIP FT. MYERS FL

6.1 TITLE SD Change Addition
6.2 NAME FALERO, MARIA
6.3 STREET ADDRESS 1259 WILLIAMS ST.
6.4 CITY-ST-ZIP FT. MYERS, FL 33916

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 94-332-5438

CR2E037 (9/96)