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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90127 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27034**

1. Corporation Name  
**IGLESIA PENTECOSTAL EBENEZER, INC.**

Principal Place of Business 3701 BALLARD ROAD FT. MYERS FL 33916 US	Mailing Address POST OFFICE BOX 051301 FT MYERS FL 33905 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/20/1988</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0066393</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBRON, ANA	1.2 NAME	ANA M. TORRES
STREET ADDRESS	13455 2ND ST	1.3 STREET ADDRESS	13113 CARIBBEAN BLVD.
CITY-ST-ZIP	FT. MYERS FL 33905	1.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASST PASTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERRANO, CANDIDA	2.2 NAME	JOSE F. ROA
STREET ADDRESS	4636 DELEON ST APT G232	2.3 STREET ADDRESS	392 NEW YORK DR.
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SUB-TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LOIDA	3.2 NAME	JOSE SEGURA
STREET ADDRESS	13113 CARIBBEAN BLVD	3.3 STREET ADDRESS	2214 MARILYN LANE
CITY-ST-ZIP	LEHIGH ACRES FL 33905	3.4 CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	SS <input type="checkbox"/> DELETE	4.1 TITLE	FINANCIAL SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, MILDRED	4.2 NAME	CANDIDA M. SERRANO
STREET ADDRESS	1762 BRICK RD CT	4.3 STREET ADDRESS	4636 DE LEON ST.
CITY-ST-ZIP	FT MYERS FL 33905	4.4 CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	ADORNO, ANA	5.2 NAME	
STREET ADDRESS	3311 4TH ST SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TORRES - Pastor - 1/11/99 - 674-8816 Daytime Phone # 841

CR2E037 (1/98)