

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90050 024 ****61.25

DOCUMENT # N27034

1. Entity 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

LUU41111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0066393

Applied For

Not Applicable

Zip

Country

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

TORRES, ANA M
13113 CARIBBEAN BLVD
FT MYERS FL 33905

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEBRON, ANA	
STREET ADDRESS	13455 2ND ST	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, CANDIDA	
STREET ADDRESS	4636 DELEON ST APT. G232	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LOIDA	
STREET ADDRESS	13113 CARIBBEAN BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33905	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, MILDRED	
STREET ADDRESS	1762 BRICK RD CT	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADORNO, ANA	
STREET ADDRESS	3311 4TH ST SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRES, ANA M	
STREET ADDRESS	13113 CARRIBBEAN BLVD.	
CITY-ST-ZIP	FT.MYERS FL 33905	

TITLE	ASST. PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE F. ROA	
STREET ADDRESS	392 NEW YORK DR	
CITY-ST-ZIP	FT. MYERS, FL 33905	
TITLE	SUB TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY A. ROBLES	
STREET ADDRESS	405 W. LEELEND HGTS BLVD.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE SEGURA	
STREET ADDRESS	2214 MARILYN LANE	
CITY-ST-ZIP	FT. MYERS, FLORIDA 33905	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA FALERO	
STREET ADDRESS	1259 WILLIAMS ST.	
CITY-ST-ZIP	FT. MYERS, FLORIDA 33905	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

ANA M TORRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
 Date

941-694-8816
 Daytime Phone #

CR2E037 (9/99)