

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N07000004164

Entity Name: MINISTERIO INTERNATIONAL EBENEZER INC.

Current Principal Place of Business:

4311 SW DARWIN BLVD
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1510 SW FRESNO RD.
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 26-0348654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALINDO, NOEL H
1510 SW FRESNO RD.
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALINDO, NOEL H
Address: 1510 SW FRESNO RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V () Delete
Name: BENITEZ, RAMON
Address: 6479 NW REGAL CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Delete
Name: WOOD, BELGICA
Address: 2360 SW CABALLERO STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T (X) Delete
Name: GALINDO, INGRID
Address: 1510 SW FRESNO RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Delete
Name: MARTINEZ, ARLEN
Address: 1510 SW FRESNO RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Delete
Name: MORALES, MICHELLE
Address: 1586 SW NEPTUNE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: GALINDO, INGRID Y
Address: 1510 SW FRESNO RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOEL GALINDO

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date