I hereby certify that the information indicated on this report or supplemental report is true and a		
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, Flori	da Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: INGRID GALINDO	VP	09/22/2017

I

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N07000004164

Entity Name: MINISTERIO INTERNACIONAL EBENEZER INC.

#### **Current Principal Place of Business:**

862 SW GLENVIEW CT. PORT ST. LUCIE, FL 34953

#### **Current Mailing Address:**

2671 SW FEATHER TER PORT ST LUCIE. FL 34953 US

# FEI Number: 26-0348654

#### Name and Address of Current Registered Agent:

GALINDO, NOEL H 2671 SW FEATHER TER PORT SAINT LUCIE, FL 34953 US

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	E: NOEL H GALINDO			09/22/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	GALINDO, NOEL H	Name	GALINDO, INGRID Y	
Address	2671 SW FEATHER TER	Address	2671 SW FEATHER TER	
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953	1
Title	DEACON	Title	TREASURER	
Name	CASTRO SANTANA, EULOGIO	Name	DURAN, ADELA	
Address	862 SW GLENVIEW CT.	Address	862 SW GLENVIEW CT.	
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953	i
Title	DIRECTOR, ASST. SECRETARY			
Name	CASTRO, ROSARIO			
Address	862 SW GLENVIEW CT.			
City-State-Zip:	PORT SAINT LUCIE FL 34953			

Certificate of Status Desired: No

# FILED Sep 22, 2017 Secretary of State CC5224593715