

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011724

**FILED  
Apr 25, 2015  
Secretary of State  
CC9424498019**

**Entity Name:** ALABASTER MINISTRIES, INC.

**Current Principal Place of Business:**

527 NW AVON AVE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

527 NW AVON AVE  
PORT SAINT LUCIE, FL 34983

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PENA, HECTOR L JR.  
527 NW AVON AVE  
PORT SAINT LUCIE, FL 34983 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PENA, HECTOR L JR.  
Address 527 NW AVON AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title VP  
Name RODRIGUEZ-PENA, DIANA  
Address 527 NW AVON AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SEC  
Name MALDONADO, NANETTE  
Address 527 NW AVON AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

*I hereby 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 all other like empowered.*

**SIGNATURE:** HECTOR L. PENA JR.

**PRESIDENT**

**04/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date