2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# 727643

Entity Name: E B C MINISTRIES, INC.

Current Principal Place of Business:

4982 CAMBRIDGE STREET
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4982 CAMBRIDGE STREET
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 65-0519647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DONNALLY, TAMI L STD
6168 ASTORIA DRIVE
LAKE WORTH, FL 33463 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:	D	( ) Delete
Name:	DONNALLY, MARIAM B D	
Address:	356 JACKSON AVE	
City-St-Zip:	GREENACRES CITY,, FL 33463 US	
Title:	P	( ) Delete
Name:	DONNALLY, DAVID P P	
Address:	6168 ASTORIA DRIVE	
City-St-Zip:	LAKE WORTH, FL 33463 US	
Title:	STD	( ) Delete
Name:	DONNALLY, TAMI	
Address:	6168 ASTORIA DRIVE	
City-St-Zip:	LAKE WORTH, FL 33463 US	
Title:	D	( ) Delete
Name:	RAMBERG, JEREMIAH D	
Address:	356 JACKSON AVENUE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	D	( ) Delete
Name:	CASTORO, NICK D	
Address:	5031 SW BIMINI CIR	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	D	( ) Delete
Name:	COOPER, GARY D	
Address:	4609 BROADWAY STREET	
City-St-Zip:	LAKE WORTH, FL 33463 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 for the exemption stated in Section 119.07(3)(i), 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: TAMI DONNALLY SEC 04/21/2005

Electronic Signature of Signing Officer or Director — Date