2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #727643

FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90162 040 ****70.12

| EBCMIN | NISTRIES, INC. | | | | | | | |
|---|---|--------------------------------------|--|--|---------------------------------|-----------------------------------|---------------------------|--|
| Principal Place of Business 4982 CAMBRIDGE STREET GREENACRES, FL 33463 Mailing Address 4982 CAMBRIDGE STREET GREENACRES, FL 33463 | | | | | TARS SMEI DIOND MIL STON DLAN I | IFAN BIBN BIFN BIBN | IRI GI IARI | |
| 2. Principal Place of Business - No P.O. Box # 3. Matili | | 3. Mailing Address | ailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ng-NP CR2E | 037 (12/06) | | |
| City & State | | City & State | City & State | | 7 | <u> </u> | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Sta | | \$8.75 Addi Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent Name | | | | |
| DONNALLY, TAMI L STD 6168 ASTORIA DRIVE LAKE WORTH, FL 33463 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | F | Zip Code | - | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its r | L registered office or reg | gistered agent, or both, in | | | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered Agent signature re | equired when reinstating) | DATE | · | | |
| | _ | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Cam Trust Fund C | paign Financing ontribution. | \$5.00 May Be Added to Fees | Florida Dep | ck payable to artment of St | ate | |
| 10. | OFFICERS AND DIR | Trust Fund C | ontribution. | ADDITIONS/CHANG | Florida Dep | artment of St | 10 | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2007 | Trust Fund C | ontribution. | | Florida Dep | artment of St | ate | |
| TITLE NAME STREET ADDRESS | Due by May 1, 2007 OFFICERS AND DIR DONNALLY, MARIAM B D 356 JACKSON AVE | Trust Fund C | Ontribution. 11. IIILE NAME STREET ADORESS | ADDITIONS/CHANG | Florida Dep | artment of St | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 'TITLE NAME STREET ADDRESS | Due by May 1, 2007 OFFICERS AND DIR D DONNALLY, MARIAM B D 356 JACKSON AVE GREENACRES CITY,; FL 33463 P DONNALLY, DAVID P P 6168 ASTORIA DRIVE | Trust Fund C | Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ADDITIONS/CHANG | Florida Dep | artment of St DIRECTORS IN Change | ate | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 'TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2007 OFFICERS AND DIR D DONNALLY, MARIAM B D 356 JACKSON AVE GREENACRES CITY, FL 33463 P DONNALLY, DAVID P P 6168 ASTORIA DRIVE LAKE WORTH, FL 33463 STD DONNALLY, TAMI 6168 ASTORIA DRIVE | Trust Fund C ECTORS Delete Delete | ONTRIBUTION. 11. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ADDITIONS/CHANG | Florida Dep | DIRECTORS IN Change Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2007 OFFICERS AND DIR D DONNALLY, MARIAM B D 356 JACKSON AVE GREENACRES CITY, FL 33463 P DONNALLY, DAVID P P 6168 ASTORIA DRIVE LAKE WORTH, FL 33463 STD DONNALLY, TAMI 6168 ASTORIA DRIVE LAKE WORTH, FL 33463 D RAMBERG, JEREMIAH D 356 JACKSON AVENUE | Trust Fund C | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ADDITIONS/CHANG | Florida Dep | Change | Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 entering supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if

SIGNATURE:

EBC Ministries FAC.

ATTACHMENT

Annual Report

N 1063 \$70.12

Dr. Fred Bertolet **D**

2055 SW 11TH CT. BLDG. 3 APT. 210

DELRAY BEACH, FL 33445

Mr. Nick Castoro D

5031 S.W. BIMINI CIRCLE N

PALMEITY, FL 34990

Deleta

Mr. Gary Cooper **D** 4609 W. BROADWAY ST. Lake Worth, FL 33463 Dr. Mariam Donnally **D** 356 Jackson Avenue Greenacres, FL 33463

Mr. Jeremiah Ramberg **D** 356 Jackson Avenue Greenacres, Fl 33463

Mr. Mark Dickerson **D** 3802 SUNCREST DR. LAKE WORTH, FL 33467

Mrs. Michelle Philcox **D**2004 MAPLEWOOD DRIVE
Greeancres, FL 33415

Mr. Gary Robinson <u>VP</u> 13908 FOLKSTONE CIRCLE Wellington, Fl 33414

David P. Donnally **P** 6168 Astoria Drive Lake Worth, FL 33463

Tami Donnally <u>STD</u> 6168 Astoria Drive Lake Worth, FL 33463

Mrs. Marlene Cooper **D** 4609 W. Broadway Street Lake Worth, FL 33463