

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727643

FILED
Mar 24, 2009
Secretary of State

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: RAMBERG, JEREMIAH 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: PHILCOX, MICHELLE
Address: 204 MAPLEWOOD DRIVE
City-St-Zip: GREENACRES, FL 33415 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: D (X) Change () Addition
Name: RICHARD, GARY D
Address: 30614 PGA DRIVE
City-St-Zip: SORRENTO, FL 32776

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: TAMI DONNALLY

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date