

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000893

FILED
Jan 11, 2005
Secretary of State

Entity Name: IGLESIA EBENEZER DE ASAMBLEAS DE DIOS, INC.

Current Principal Place of Business:

119 MARION OAKS BLVD UNIT E
UNIT D
OCALA, FL 34473

Current Mailing Address:

119 MARION OAKS BLVD UNIT E
OCALA, FL 34473

New Principal Place of Business:

119 MARION OAKS BLVD UNIT D
UNIT D
OCALA, FL 34473

New Mailing Address:

119 MARION OAKS BLVD UNIT D
OCALA, FL 34473

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, REINALDO
119 MARION OAKS BLVD UNIT 3
OCALA, FL 34473 US

Name and Address of New Registered Agent:

REYES, REINALDO
119 MARION OAKS BLVD UNIT D
OCALA, FL 34473 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:

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: AAYDEE, SOSA
Address: 4870 SW 147TH LOOP
City-St-Zip: OCALA, FL 34473

Title: D () Delete
Name: REYES, REINALDO PASTOR
Address: 1861 SW 160 LANE
City-St-Zip: OCALA, FL 34473

Title: T () Delete
Name: CACCAMANI, BEVERLY
Address: 10605 SE 50TH AVE.
City-St-Zip: BELLEVIEW, FL 34421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: HAYDEE, SOSA
Address: 4870 SW 147TH LOOP
City-St-Zip: OCALA, FL 34473

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: REINALDO REYES

REV

01/11/2005

Electronic Signature of Signing Officer or Director

Date