

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008310

1. Entity Name

EBENEZER HISPANIC CHRISTIAN CHURCH, INC.



Principal Place of Business

502 NE 1ST AVE  
MULBERRY FL 33860

Mailing Address

502 NE 1ST AVE  
MULBERRY FL 33860

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4020 Laurel Crest Dr

Suite, Apt. #, etc.

City & State

Mulberry, Florida

Zip

Country

33860

Country

U.S.A.

4. FEI Number

59-3677436

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, GILBERTO REV  
4020 LAUREL CREST DR  
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME TORRES, GILBERTO REV  
STREET ADDRESS 4020 LAUREL CREST DR  
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE D  
NAME MEJIA, MABEL T  
STREET ADDRESS 2319 GRESHAM DR  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE D  
NAME CAZARES, GENIA  
STREET ADDRESS 5025 HWY 60  
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.

SIGNATURE:

REQUIRED

7-16-01

(863) 425-8924

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CR2E037 (5/01)