

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

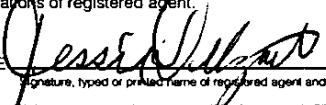
DOCUMENT # N00000008310		
1. Entity Name EBENEZER HISPANIC CHRISTIAN CHURCH, INC.		

Principal Place of Business 200 DEAN STREET MULBERRY, FL 33860	Mailing Address 4020 LAUREL CREST DRIVE MULBERRY, FL 33860
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2. Principal Place of Business 4020 LAUREL CREST DR	3. Mailing Address Suite, Apt. #, etc.
MULBERRY FL	City & State
33860	Country POLK COUNTY
Zip	Zip

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 DELGADO, JESUS REV Street Address (P.O. Box Number is Not Acceptable) 4020 LAUREL CREST DRIVE
	City MULBERRY
	FL Zip Code 33860

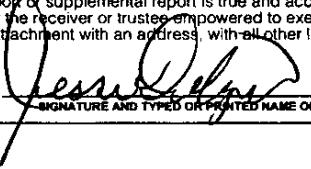
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DELGADO, JESUS REV** DATE **4/11/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, GILBERTO REV 4020 LAUREL CREST DR. MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DELGADO, JESUS REV 4020 LAUREL CREST DR. MULBERRY FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEJIA, MABEL T 2319 GRESHAM DR ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Pagán, Carlos 1547 Georgetown DR LAKELAND FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZARES, GENIA 5025 HWY 60 MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S FLORES, Lourdes 2106 Valley Brook Avenue VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLORES, PORFIRIO R. 2106 Valley Brook Avenue VALRICO, FL 33594.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:  **DELGADO, Jesus Rev.** 4/11/06 (863)409-6316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
Apr 13, 2006 8:00 am
Secretary of State**

04-13-2006 90276 046 ****70.00



01092006 Chg-NP CR2E037 (11/05)