2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007513

1. Entity Name
EBENEZER HISPANIC MINISTRIES INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
116 JASON DR VALRICO, FL 33594	116 JASON DR VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

04152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3757880

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABILIO, HORACIO L
116 JASON DR
VALRICO, FL 33954

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRABILIO, HORACIO L
STREET ADDRESS	116 JASON DR
CITY-ST-ZIP	VALRICO, FL 33954
TITLE	TD
NAME	MIRABILIO, GABRIEL E
STREET ADDRESS	737 PROVIDENCE TRACE CIRCLE #202
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SD
NAME	MALDONADO, EDUARDO S
STREET ADDRESS	413 BIG CEDAR WAY #A
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000518492
05/02/06-80014-007 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 4/15/06 813-571-9136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #