


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 025 \*\*\*\*61.25

<b>DOCUMENT # N01000007513</b>					
<b>1. Entity Name</b> EBENEZER HISPANIC MINISTRIES INTERNATIONAL INCORPORATED					
<b>Principal Place of Business</b> 116 JASON DR VALRICO, FL 33594			<b>Mailing Address</b> 116 JASON DR VALRICO, FL 33594		
<b>2. Principal Place of Business - No P.O. Box #</b> 6952 Marble Faun Pl		<b>3. Mailing Address</b> 6952 Marble Faun Pl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008    Chg-NP    CR2E037 (12/06)	
<b>City &amp; State</b> Riverview FL		<b>City &amp; State</b> Riverview FL		<b>4. FEI Number</b> 59-3757880	
<b>Zip</b> 33578		<b>Country</b> Hills 6		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MIRABILIO, HORACIO L 116 JASON DR VALRICO, FL 33954			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MIRABILIO, HORACIO L <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 116 JASON DR	<b>CITY-ST-ZIP</b> VALRICO, FL 33954		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TD	<b>NAME</b> MIRABILIO, MARIA E <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 116 JASON DR	<b>CITY-ST-ZIP</b> VALRICO, FL 33594		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<b>NAME</b> MALDONADO, EDUARDO S <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 9912 ASHBURN LAKE DR	<b>CITY-ST-ZIP</b> TAMPA, FL 33610		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>STREET ADDRESS</b>		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>STREET ADDRESS</b>		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			4-14-08    813-870-1440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		