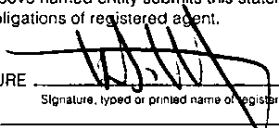
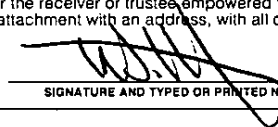


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -1 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006033					
1. Entity Name IGLESIA CRISTIANA EBENEZER, INC.					
Principal Place of Business 801 US HWY 27 S STE 4 AVON PARK, FL 33825			Mailing Address 801 US HWY 27 S STE 4 AVON PARK, FL 33825		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1014549	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANCEL, GLORIA N PASTOR 1298 W GLADIOLA DR APT 15 AVON PARK, FL 33825				Name <u>William Solis, Pastor</u> Street Address (P.O. Box Number is Not Acceptable) <u>894 Jarnac Dr.</u> City <u>Kissimmee</u> FL Zip Code <u>34759</u>	
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 <u>12.2.04</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANCEL, GLORIA N 1298 W GLADIOLA DR APT 15 AVON PARK, FL 33825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Solis, Pastor 894 Jarnac Dr. Kissimmee, FL 34759	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTERO, HECTOR 2942 N CAMBRIDGE RD AVON PARK, FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Awilda Solis, Pastor 894 Jarnac Dr. Kissimmee, FL 34759	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VEGA, OLGA 1801 GOLDEN AGE VILLAS AVON PARK, FL 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olga Vega 1802 Golden Age Villas Avon Park, FL 33825	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RODRIGUEZ, JAVIER 4703 PERCH AVE SEBRING, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CANCEL, SARAY 2942 N CAMBRIDGE RD AVON PARK, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Vega 101 E. Orange St. Avon Park FL 33825	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEGA, MARIA 1298 W GLADIOLA DR APT 10 AVON PARK, FL 33825	☐ Delete			
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: 				Date <u>12.2.04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	