2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006033

1. Entity Name
IGLESIA CRISTIANA EBENEZER, INC.

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

Principal Place of Business	Mailing Address
801 US HWY 27 S STE 4 AVON PARK, FL 33825	801 US HWY 27 S STE 4 AVON PARK, FL 33825

11122004 REIN-NP CR2E099 (6/04)

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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANCEL, GLORIA N PASTOR
1298 W GLADIOLA DR APT 15
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name: William Solis, Pastor
Street Address (P.O. Box Number is Not Acceptable): 894 Jarnac Dr.
City: Kissimmee FL Zip Code: 34759

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 _____ 12.2.04
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 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		☐ 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	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VEGA, MARIA ~~1298 W GLADIOLA DR APT 10~~ AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maria Vega 101 E. Orange St. Avon Park FL 33825	☒ 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: _____ 12.2.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #