2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-22-2005 90020 037 ***61.25
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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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DOCUMENT # N02000006033

1. Entity Name
IGLESIA CRISTIANA EBENEZER, Movimiento Misionero Mundial, INC.

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

02012005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
SOLIS, WILLIAM PASTOR 894 JARNAC DR. KISSIMMEE, FL 34759	Name: SOLIS WILLIAM M Street Address (P.O. Box Number is Not Acceptable): 14 HARVARD AVE City: FROST PROOF FL Zip Code: 33843

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, 2005

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

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	P SOLIS, WILLIAM 894 JARNAC DR. KISSIMMEE, FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HECTOR OTERO 2942 N CAMBRIGE RD Avon Park FL 33825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOLIS, AWILDA 894 JARNAC DR. KISSIMMEE, FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VEGA, OLGA 1802 GOLDEN AGE VILLAS AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VEGA, MARIA 101 E. ORANGE ST. AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #