2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009050

FILED Jan 29, 2007 Secretary of State

Entity Name: IGLESIA PENTECOSTAL EBENEZER, INC. SAM. 7:12

Current P	rincipal Place	of Business:	New Prince	ipal Place of Business:
1102 139T	H AVE			
- TAMPA, F	L 33613			
Current N	lailing Addres	s:	New Maili	ng Address:
	ARIS STREET			
TAMPA, F				
		FPI North on Anni End For ()	FFI North on Not Asset	inchis () Ondiffered of Otation Provinced ()
FEI Number	: 75-3122166	FEI Number Applied For ()	FEI Number Not Appi	icable () Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
PENA, HIL 2903 W PA TAMPA, F	ARIS ST L 33614 US			New Mailing Address: FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: urpose of changing its registered office or registered agent, or both,
	e named entity s e of Florida.	submits this statement for the	e purpose of changing i	ts registered office or registered agent, or both
SIGNATU	RE:			
SIGNATU		ic Signature of Registered A	Agent	Date
				Date
	Electron	TORS: Delete ST		
OFFICER Title: Name: Address:	Electron S AND DIRECT P () PENA, HILDA M 2903 W PARIS TAMPA, FL 336	TORS: Delete ST 314 Delete ST	ADDITION Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT P () PENA, HILDA M 2903 W PARIS TAMPA, FL 336 V () PENA, EDWIN 2903 W PARIS TAMPA, FL 336	Delete ST B14 Delete ST B14 Delete DELETE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	SICHANGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA M PENA P 01/29/2007