2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009050

FILED Jun 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 12720 N FLORIDA AVE 904 W LINEBAUGH AVE TAMPA, FL 33612 TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 2773 SHEILA DRIVE 2773 SHEILA DRIVE APOPKA, FL 32712 APOPKA, FL 32712 OR FEI Number: 75-3122166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMOS, RAFAEL 2773 SHEILA DRIVE US APOPKA, FL 32712 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PSTR** () Change () Addition () Delete RAMOS, RAFAEL Name: Name: 2773 SHEILA DRIVE Address: Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: V.P. () Delete Title: () Change () Addition RAMOS, FRANCES C Name: Name: Address: 2773 SHEILA DRIVE Address: City-St-Zip: APOPKA, FL 32712 US City-St-Zip: Title: SEC. () Delete Title: SEC. (X) Change () Addition MORALES, NOEMI M MARTINEZ, MARIA Name: Name: 8313 NORTH OGONTZ AVENUE 509 W 127TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33604 US City-St-Zip: TAMPA, FL 36612 US Title: **TRES** () Delete Title: **TRES** (X) Change () Addition Name: MELENDEZ, NILDA Name: MELENDEZ, HECTOR 3103 CLIFFORD SAMPLE Address: P. O BOX 82993 Address: City-St-Zip: TAMPA, FL 33682 US City-St-Zip: TAMPA, FL 33619 US Title: (X) Delete Title: () Change () Addition PENA, EDWIN Name: Name: 2903 W PARIS STREET Address: Address: City-St-Zip: TAMPA,, FL 33614 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRANCES RAMOS V-PR 06/18/2009