2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 16, 2006 8:00 am Secretary of State DOCUMENT # N03000008120 05-16-2006 90024 040 ****61.25 EBENEZER CHRISTIAN MINISTRIES, INC. Principal Place of Business Mailing Address 115 GUADALUPE BLVD. PO BOX 309 WIMAUMA, FL 33598 US WIMAUMA, FL 33598 2. Principal Place of Business 3. Mailing Address 115 DEliA Suite, Apt. #, etc. Suite, Apt. #, etc 05012006 Chg-NP CR2E037 (4/06) City & State Applied For City & State 4. FEI Number WIMAVMA 86-1081420 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ LAURA I 5266 GUADULUPE BLVD. Street Address (P.O. Box Number is Not Acceptable) WIMAUMA, FL 33598 City Zip Code 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 . (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE ☐ Addition CRUZ, LAURA I NAME NAME STREET ADDRESS **5266 GUADALUPE BLVD** STREET ADDRESS CITY-ST-ZIP WIMAUMA, FL 33598 5 CITY-ST-7IP VPD TITLE ☐ Detete TILE ☐ Change ☐ Addition REYES, ANGEL NAME NAME STREET ADDRESS 1304 BURBANK CT. STREET ADORESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe ☐ Addition GONZALEZ, MARIA A NAME STREET ADDRESS 115 DELIA ST. STREET ADDRESS WIMAUMA, FL 33598 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition REYES, ZAYDA Ç NAME STREET ADDRESS 1304 BURBANK CT. STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S7-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 attactment with an address, with fell other like empowered.

FILED