


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90016 011 \*\*\*\*61.25

DOCUMENT # N03000008120					
1. Entity Name EBENEZER CHRISTIAN MINISTRIES, INC.					
Principal Place of Business 115 DELIA ST WIMAUMA, FL 33598 US			Mailing Address PO BOX 309 WIMAUMA, FL 33598		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1304 Burbank Ct</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>SUN CITY CENTER FL</i>			
City & State		City & State		4. FEI Number 86-1081420	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<i>33573</i>		<i>USA</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, LAURA I 5266 GUADALUPE BLVD. WIMAUMA, FL 33598			Name <i>Angel Reyes</i> Street Address (P.O. Box Number is Not Acceptable) <i>1304 Burbank Ct.</i> <i>SUN CITY CENTER</i> City <i>FL</i> Zip Code <i>33573</i>		
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 <i>[Signature]</i>				DATE <i>4-30-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CRUZ, LAURA I 14920 BALM WIMAUMA RD WIMAUMA, FL 33598	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYES, ANGEL 1304 BURBANK CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, MARIA A 115 DELIA ST. WIMAUMA, FL 33598	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, ZAYDA C 1304 BURBANK CT. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>[Signature]</i>				Date <i>4-30-08</i> Daytime Phone # <i>813-633-4344</i>	