2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011576

FILED Jun 30, 2005 Secretary of State

Entity Name: EKBALEIN MINISTRIES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
11609 S CLEVELAND AVENUE SUITE 32 FORT MYERS, FL 33907	
Current Mailing Address:	New Mailing Address:
11609 S CLEVELAND AVENUE SUITE 32 FORT MYERS, FL 33907	
FEI Number: 20-2009132 FEI Number Applied For () FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 US	MOURA, MARCELO 501 SW 28 TERRACE CAPE CORAL, FL 33914 US
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
	f changing its registered office or registered agent, or both, 06/30/2005
in the State of Florida.	
in the State of Florida. SIGNATURE: MARCELO MOURA	06/30/2005
in the State of Florida. SIGNATURE: MARCELO MOURA Electronic Signature of Registered Agent	06/30/2005 Date
in the State of Florida. SIGNATURE: MARCELO MOURA Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: P () Delete Name: SOUSA, JASON L Address: 101 IVAN AVENUE SOUTH	06/30/2005 Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JASON L SOUSA P 06/30/2005

() Delete

SOUSA, ANGELA C

101 IVAN AVENUE SOUTH

LEHIGH ACRES, FL 33971

Title:

Name:

Address:

City-St-Zip:

() Change () Addition