

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002817

FILED
Mar 12, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA MI EBENEZER .INC

Current Principal Place of Business:

344 W. MOWRY STREET
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

820 SW 105 AVE
610
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBAINAS, MOISES SR
820 SW 105 AVE
610
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: ROBAINAS, MOISES
Address: 820 SW 105 AVE APT 610
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: COBOS, IVETE
Address: 220 N.E. 12 AVE. #117
City-St-Zip: HOMESTEAD, FL 33030

Title: SD () Delete
Name: AMADOR, MARIA C
Address: 920 SW 7 PL
City-St-Zip: FLORIDA CITY, FL 33034

Title: T () Delete
Name: JUAN, MURILLO
Address: 1575 S.W. 5 ST. #201
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD () Delete
Name: ROBAINAS, GUILLERMINA S
Address: 820 S.W. 105 AVE. #610
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MOISES ROBAINA

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date