

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000004164

1. Entity Name
MINISTERIO INTERNATIONAL EBENEZER INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 21 PM 12:29

Principal Place of Business
1510 SW FRESNO RD.
PORT ST. LUCIE, FL 34953

Mailing Address
1510 SW FRESNO RD.
PORT ST. LUCIE, FL 34953

2. Principal Place of Business - No P.O. Box #

4311 SW Darwin Blvd.

3. Mailing Address

1510 SW Fresno Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Saint Lucie, Florida

City & State

Port St Lucie, Florida

Zip

34953

Country

USA

Zip

34953

Country

USA



08132008

Chg-NP

CR2E037 (12/06)

4. FEI Number

26-0348654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALINDO, NOEL H
1510 SW FRESNO RD.
PORT SAINT LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GALINDO, NOEL H
STREET ADDRESS 1510 SW FRESNO RD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE VP ☒ Delete
NAME CORTES, JOSE
STREET ADDRESS 1510 SW FRESNO RD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE S ☐ Delete
NAME WOOD, BELGICA
STREET ADDRESS 2360 SW CABALLERO STREET
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE T ☐ Delete
NAME GALINDO, INGRID
STREET ADDRESS 1510 SW FRESNO RD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE D ☐ Delete
NAME MARTINEZ, ARLEN
STREET ADDRESS 1510 SW FRESNO RD
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100134590771
STREET ADDRESS 08/19/08--01011--002 **\$61.25
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Benitez, Ramon
STREET ADDRESS 6479 Nw Regal Circle
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE S ☐ Change ☒ Addition
NAME Morales, Michelle
STREET ADDRESS 1586 SW Neptune Ave.
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE T ☐ Change ☒ Addition
NAME Perez, Abdiel
STREET ADDRESS 1586 SW Neptune Ave
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE D ☒ Change ☐ Addition
NAME Galindo, Ingrid
STREET ADDRESS 1510 SW Fresno Rd.
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP B 8/21/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #