

UNIFORM BUSINESS REPORT (UBR)

2/8/00-90142-006-\$61.25-\$61.25

DOCUMENT # N99000005045

1. Entity Name

IGLESIA DE DIOS EBENEZER, INC.

FILED

00 MAR 13 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 827
LAKE CITY FL 32056

Mailing Address

P.O. BOX 827
LAKE CITY FL 32056-0827

2. Principal Place of Business
as above

3. Mailing Address
as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City

City & State

Florida

4. FEI Number

59-359-3428

Applied For

Not Applicable

Zip

32056

Country

USA

Zip

32056

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, CELENEYDA
LOT 22, HWY. 252-B
LAKE CITY FL 32025

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
JOSE MARTINEZ (T)
PO Box 827, Lake City, FL 32056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Celeyneda Martinez (T)
PO Box 827, Lake City, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Arturo Suarez (D)
Rt. 17, Box 895
Lake City, FL 32055

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-00 904-719-6787