

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009443

Entity Name: EBENEZER FAMILY CENTER INC.**Current Principal Place of Business:**6741 SW 24 ST
27
MIAMI, FL 33155**Current Mailing Address:**300 SW 51 ST COURT
MIAMI, FL 33134**FEI Number:** 01-0917367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTEALEGRE, J.ISRAEL DR.
2863 SW 69 COURT
MIAMI, FL 33155 US*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:** J.ISRAEL MONTEALEGRE**04/28/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMEN
Name BARILLAS, EDGAR
Address 6741 SW 24 ST
 27
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name GARCIA, GERSAN
Address 6741 SW 24 ST
 27
City-State-Zip: MIAMI FL 33155

Title SECRETARY, DIRECTOR
Name BARILLAS, OFELIA
Address 6741 SW 24 ST
 27
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name CAMPA, ESPERANZA
Address 6741 SW 24 ST
 27
City-State-Zip: MIAMI FL 33155

Title TREASURER, DIRECTOR
Name SAENZ, MARTA
Address 6741 SW 24 ST
 27
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name MONTEALEGRE, J.ISRAEL DR.
Address 2863 SW 69 COURT
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name RAMIREZ, OSCAR
Address 2863 SW 69 COURT
City-State-Zip: MIAMI FL 33155

I hereby 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 all other like empowered.

SIGNATURE: EDGAR BARILLAS**P****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date