

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005566

FILED
Sep 10, 2008
Secretary of State

Entity Name: TEMPLO RESTAURACION KAIROS, INC.

Current Principal Place of Business:

225 N. 14ST.
HAINES CITY, FL 33844

New Principal Place of Business:

605 JONES AVE.
SUITE 1
HAINES CITY, FL 33844

Current Mailing Address:

111 NICHOLAS CT
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 32-0151195 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORALES, OLGA V
111 NICHOLAS CT
KISSIMMEE, FL 34758 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, HECTOR L
Address: 111 NICHOLAS CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: V () Delete
Name: MORALES, OLGA V
Address: 111 NICHOLAS CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: CINTRON, FRANCISCO
Address: 136 ORANGE DR
City-St-Zip: LAKE HAMILTON, FL 33851

Title: T () Delete
Name: MONTES, CARMEN
Address: 136 ORANGE AVE
City-St-Zip: LAKE HAMILTON, FL 33851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S-T (X) Change () Addition
Name: RUIZ, NEREIDA
Address: 605 JONES AVE.
City-St-Zip: HAINES CITY, FL 33844

Title: V (X) Change () Addition
Name: MORALES, SHIRLEY V
Address: 111 NICHOLAS CT.
City-St-Zip: KISSIMMEE, FL 34758

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: HECTOR L. MORALES

P

09/10/2008

Electronic Signature of Signing Officer or Director

Date