# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2009**
**Secretary of State**

DOCUMENT# N05000005566

**Entity Name:** TEMPLO RESTAURACION KAIROS, INC.

**Current Principal Place of Business:**

605 JONES AVE.
SUITE 1
HAINES CITY, FL 33844

**New Principal Place of Business:**

27889 HWAY27
DUNDEE, FL 33838

**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:**

MORALES, OLGA V
111 NICHOLAS CT
KISSIMMEE, FL 34758 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: 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-T ( ) Delete
Name: RUIZ, NEREIDA
Address: 605 JONES AVE.
City-St-Zip: HAINES CITY, FL 33844

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

**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: 27889 HWAY 27
City-St-Zip: DUNDEE, FL 33838

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: HECTOR L. MORALES D 05/08/2009
Electronic Signature of Signing Officer or Director — Date