SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000002790 (1)**

1. Corporation Name

IGLESIA CRISTIANA MINISTERIAL DE RESTAURACION "J ESUCRISTO REINA", INC.

Principal Place of Business	Mailing Address
1663 TATEHAMWAY ORLANDO FL 32837	1663 TATEHAMWAY ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report: first time
4. FEI Number: 59-3347807 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) / Country (25) | Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

ESCOBAR, JANET
1825 D SOUTH SEMORAN BLVD
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name: Janet Escobar
82 Street Address (P.O. Box Number is Not Acceptable): 5672 Royal Pine Blvd
83: Unit 19
84 City: Orlando FL 85 Zip Code: 32807

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Rev. Janet Escobar - registered agent — 7/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Secretary	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Blbi Escobar		1.2 NAME	
STREET ADDRESS	8648 Valencia Oaks ct	T	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL, 328		1.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ricky Gonzalez		2.2 NAME	
STREET ADDRESS	1155 Vista Palma Way	T	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32825		2.4 CITY-ST-ZIP	
TITLE	Administrator	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Ferdinand Salierup		3.2 NAME	
STREET ADDRESS	3350 S. Semoran Blvd	T	3.3 STREET ADDRESS	
CITY-ST-ZIP	Apt 16 Orlando, FL, 32822		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. SIGNATURE REQUIRED — 7/23/97 (407) 628-8477