

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90033 045 \*\*\*\*61.25

**DOCUMENT # N00000008390**

1. Entity Name  
**CENTRO EVANGELISTICO CIUDAD DE RESTAURACION (RES  
TARATION CITY) INC.**



Principal Place of Business      Mailing Address  
**2437 PLEASANT HILL ROAD      375 AYLESBURY CT.  
KISSIMMEE FL 34746      KISSIMMEE FL 34758-4233**

2. Principal Place of Business      3. Mailing Address  
*2437 Pleasant Hill Road      375 Aylesbury Ct.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Kissimmee FL      Kissimmee FL*

Zip      Country      Zip      Country  
*34746      USA      34758-4233      USA*

4. FEI Number **59-3692417**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**EMMANUELLI, JORGE E  
375 AYLESBURY CT.  
KISSIMMEE FL 34758-4233**


7. Name and Address of New Registered Agent

Name *Jorge E. Emmanuelli*

Street Address (P.O. Box Number is Not Acceptable)  
*375 Aylesbury Ct*

City *Kissimmee*      FL      Zip Code *34758*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE *3/21/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EMMANUELLI, JORGE E	
STREET ADDRESS	375 AYLESBURY CT.	
CITY-ST-ZIP	KISSIMMEE FL 34758-4233	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EMMANUELLI, MARIBETH E	
STREET ADDRESS	375 AYLESBURY CT.	
CITY-ST-ZIP	KISSIMMEE FL 34758-4233	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EMMANUELLI, JOSE E	
STREET ADDRESS	375 AYLESBURY COURT	
CITY-ST-ZIP	KISSIMMEE FL 34758-4233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Pura E. Nater</i>	
STREET ADDRESS	<i>375 Aylesbury Ct.</i>	
CITY-ST-ZIP	<i>Kissimmee FL 34758-4233</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied in 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 REQUIRED      *3/21/03      407-791-1743*

CR2E037 (10/02)