

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 (RESTORATION CITY) INC.



Principal Place of Business

**2437 PLEASANT HILL ROAD
KISSIMMEE FL 34746**

Mailing Address

**375 AYLESBURY CT.
KISSIMMEE FL 34758-4233**

2. Principal Place of Business

2437 Pleasant Hill Road
Suite, Apt. #, etc.

3. Mailing Address

375 Aylesbury Ct.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number **59-3692417**

Applied For

☐ Not Applicable

Zip

34746

Country

USA

Zip

34758-4233

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/03

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** ☐ Delete
NAME **EMMANUELLI, JORGE E**
STREET ADDRESS **375 AYLESBURY CT.**
CITY-ST-ZIP **KISSIMMEE FL 34758-4233**

TITLE **SD** ☐ Delete
NAME **EMMANUELLI, MARIBETH E**
STREET ADDRESS **375 AYLESBURY CT.**
CITY-ST-ZIP **KISSIMMEE FL 34758-4233**

TITLE **VD** ☒ Delete
NAME **EMMANUELLI, JOSE E**
STREET ADDRESS **375 AYLESBURY COURT**
CITY-ST-ZIP **KISSIMMEE FL 34758-4233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Pura E. Nater**
STREET ADDRESS **375 Aylesbury Ct.**
CITY-ST-ZIP **Kissimmee FL 34758-4233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)