

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008343

FILED
Apr 30, 2006
Secretary of State

Entity Name: CHURCH OF GOD MANANTIAL DE RESTAURACION, INC.

Current Principal Place of Business:

191 ANZIO DR.
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

191 ANZIO DR.
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 11-3645508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARDONA, RAUL
191 ANZIO DRIVE
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: PD () Delete
Name: CARDONA, RAUL
Address: 191 ANZIO DR
City-St-Zip: KISSIMMEE, FL 34758

Title: VT () Delete
Name: RODRIGUEZ, ANGEL L
Address: 101 APPIAN WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: ST () Delete
Name: MEDINA, CATALINA
Address: 190 ANZIO DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: VOCT () Delete
Name: VELEZ, PEDRO
Address: 1018 MARDIGRAS DR.
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: RUIZ, EMILY
Address: 191 ANZIO DR.
City-St-Zip: KISSIMMEE, FL 34758

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

Title: VOCT (X) Change () Addition
Name: DE JESUS, ELIZABETH
Address: 833 CORSICA CT.
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the 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: RAUL CARDONA

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date