

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-04-2007 90011 002 ****69.00

DOCUMENT # N02000000397 1. Entity Name FUNDACION DE RESTAURACION CRISTIANA MUNDIAL, INC.					
Principal Place of Business 9520 NW 8TH CIRCLE PLANTATION, FL 33324			Mailing Address 9520 NW 8TH CIRCLE PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 68-0489035	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FAFASULI, TITO 9520 NW 8TH CIRCLE PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering)					
Filing Fee is \$61.25 Due by September 14, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FAFASULI, MARIA ESTELA 9520 NW 8TH CIRCLE PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TORELLO, ESTEBAN 341 SW 187 AVE PEMBROKE PINES, FL 33029	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			[Empty]		
SIGNATURE: <i>Tito Fafasuli</i> TITO FAFASULI			5/29/07 954-382-9910		

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