

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001341

**FILED**  
**May 18, 2004**  
**Secretary of State****Entity Name:** IGLESIA RESTAURACION EN CRISTO, INC.**Current Principal Place of Business:**231 LYNN STREET  
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**231 LYNN STREET  
OVIEDO, FL 32765**New Mailing Address:**P.O. BOX 621539  
OVIEDO, FL 32762 US**FEI Number:** 04-3602897**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NARDELLA, JR., ANTHONY M ESQUIRE  
1110 DOUGLAS AVE, STE 1002  
ALTAMONTE SPRINGS, FL 32714 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:** D ( ) Delete  
**Name:** CALDERON, ROSA A  
**Address:** 231 LYNN STREET  
**City-St-Zip:** OVIEDO, FL 32765**Title:** D ( ) Delete  
**Name:** SANTIAGO, HUITZ  
**Address:** 10812 SCEPTER DR  
**City-St-Zip:** ORLANDO, FL 32817**Title:** D ( ) Delete  
**Name:** MCKENZIE, JAIME  
**Address:** 435 WEST LYMAN AVE  
**City-St-Zip:** WINER PARK, FL 32789**Title:** D ( ) Delete  
**Name:** SCUOTTO, ENEIDA  
**Address:** 1050 MANIGAN AVNEUE  
**City-St-Zip:** OVIEDO, FL 32765**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** MCKENZIE, JAIME  
**Address:** 58 ST. JOHANNA DR.  
**City-St-Zip:** OVIEDO, FL 32765**Title:** D (X) Change ( ) Addition  
**Name:** SCUOTTO, ENEIDA  
**Address:** 1050 MANIGAN AVENUE  
**City-St-Zip:** OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSA A. CALDERON

D

05/18/2004

Electronic Signature of Signing Officer or Director

Date