

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001341

FILED
May 31, 2005
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:

P.O. BOX 621539
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 04-3602897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 58 ST. JOHANNA DR.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: SCUOTTO, ENEIDA
Address: 1050 MANIGAN AVENUE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANNETTE, DIAZ
Address: 690 DOCTORS CT.
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

05/31/2005

Electronic Signature of Signing Officer or Director

Date