2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001341

FILED May 03, 2009 Secretary of State

| Entity Name: IGLESIA RESTAURACION EN CRISTO, INC. | | | |
|---|--|--|--|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 120 N. CEN OVIEDO, F | ITRAL AVENUE L 32765 | | |
| Current Mailing Address: | | New Mailing Address: | |
| P.O. BOX 6 OVIEDO, F | 23482 L 327623482 US | | |
| | 04-3602897 FEI Number Applied For() FEI Nu e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent: | - | |
| CALDEROI 231 LYNN S OVIEDO, F | STREET L 32765 US | | |
| The above in the State | named entity submits this statement for the purpose of Florida. | of changing it | s registered office or registered agent, or both, |
| SIGNATUR | E: | | |
| | Electronic Signature of Registered Agent | | Date |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete CALDERON, ROSA A 231 LYNN STREET OVIEDO, FL 32765 | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | VP () Delete MCKENZIE, JAIME 58 ST. JOHANNA DR. OVIEDO, FL 32765 | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | T () Delete SCUOTTO, ENEIDA 1050 MANIGAN AVENUE OVIEDO, FL 32765 US | Title: Name: Address: City-St-Zip: | ()Change ()Addition |
| Title: Name: Address: City-St-Zip: | S () Delete SANTANA, SHEILA I 829 DOUGLAS ST. OVIEDO, FL 32765 | Title: Name: Address: City-St-Zip: | S (X) Change () Addition DIAZ, ANNETTE 231 LYNN ST. OVIEDO, FL 32765 |

I hereby certify that the information supplied with this filing does not qualify 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: ROSA A. CALDERON REV. 05/03/2009