

APPROVED
AND
FILED

03 JUL -2 PM 1:16

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001341 1. Entity Name IGLESIA RESTAURACION EN CRISTO, INC.					
Principal Place of Business 231 LYNN STREET OVIEDO, FL 32765			Mailing Address 231 LYNN STREET OVIEDO, FL 32765		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 04-3602897	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NARDELLA, JR., ANTHONY M ESQUIRE 1110 DOUGLAS AVE, STE 1002 ALTAMONTE SPRINGS, FL 32714				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 date if applicable. (NOTE: Registered Agent's signature required when withdrawing)					
FILE NOW - FEE IS \$81.25		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	D VELEZ, FREDRIC REV 14328 RAINSONG DR ORLANDO, FL 32824	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON, ROSA A 231 Lynn St. Oviedo FL 32765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, HUITZ 10612 SCEPTER DR ORLANDO, FL 32817	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400021201174 06/30/03--01103--003 ***81.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAZARIO, LILLIAN 435 WEST LYMAN AVE WINTER PARK, FL 32789	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKenzie, Jaime 435 West. Lyman Ave Winter Park, FL 32789	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERON, ROSA 231 LYNN STREET OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCUOTTO, ENEIDA 1050 Manigan Ave OVIEDO, FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 817, 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.					
SIGNATURE: <u>Rosa A. Calderon</u> <u>6/20/03</u> <u>(407)359-8431</u> PRINTING AND TYPING ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR					

0325037 (10/02)