

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90012 036 \*\*\*\*70.00

**DOCUMENT # N02000006752**

1. Entity Name  
IGLESIA DE DIOS RESTAURACION IN KISSIMMEE, INC.



Principal Place of Business  
1001 CARROLL ST  
KISSIMMEE, FL

Mailing Address  
PO BOX 451055  
KISSIMMEE, FL 34745



01132006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3762704</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

LEBRON, LUCAS  
~~1900 PERRIDOT CIR.~~ *2895 Middleton Cir.*  
KISSIMMEE, FL 34743

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEBRON, LUCAS <del>1900 PERRIDOT CIR.</del> <i>2895 Middleton Cir.</i> KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANCHEZ, NELIDA <del>1900 PERRIDOT CIR.</del> <i>2895 Middleton Cir.</i> KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OCASIO, IVETTE 2661 E STEWART ST KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMACHO, JAIME 2661 S STEWART ST KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE** *Lucas Lebron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-03-06 (407)376-4909**  
Date Daytime Phone #