2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# N02000006752

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

Current Principal Place of Business:

1001 CARROLL ST
KISSIMMEE, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 451055
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 59-3762704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEBRON, LUCAS
2895 MIDDLETON CIR
KISSIMMEE, FL 34743 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: DP ( ) Delete
Name: LEBRON, LUCAS
Address: 2895 MIDDLETON CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: DS ( ) Delete
Name: SANCHEZ, NELIDA
Address: 2895 MIDDLETON CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: DT ( ) Delete
Name: QUIRINDONGO, CARMEN
Address: 143 HIDDEN SPRING
City-St-Zip: KISSIMMEE, FL 34743

Title: D (X) Delete
Name: MCCLIN, RICARDO
Address: 984 ALSACE DRIVE
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: MCCLIN, RICARDO
Address: 984 ALSACE DRIVE
City-St-Zip: KISSIMMEE, FL 34659

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUCAS LEBRON DP 02/04/2008

Electronic Signature of Signing Officer or Director — Date