

ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 019 ****61.25

DOCUMENT # N03000000100

1. Entity Name
 IGLESIA EVANGELICA RESTAURACION FAMILIAR
 (CHURCH) INC.



Principal Place of Business
 1032 E. HILLSBOROUGH AVENUE
 TAMPA, FL 33610

Mailing Address
 5510 N. HIMES AVENUE
 APT. 1511
 TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-NP

CR2E037 (10/03)

4. FEI Number

371456624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, RONY
 5510 N. HIMES AVENUE
 APT. 1511
 TAMPA, FL 33614

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2004

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

TITLE D ☐ Delete
 NAME MARTINEZ, RONY PASTOR
 STREET ADDRESS 5510 N. HIMES AVENUE #1511
 CITY-ST-ZIP TAMPA, FL 33614

TITLE SD ☐ Delete
 NAME PONCE, CARMINDA PASTOR
 STREET ADDRESS 5510 N. HIMES AVENUE #1511
 CITY-ST-ZIP TAMPA, FL 33614

TITLE TD ☐ Delete
 NAME EUSEDA, CALIXTO
 STREET ADDRESS POST OFFICE BOX 1797
 CITY-ST-ZIP WIMAOMA, FL 33598

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 *X Rony Martinez Dir.* 4/30/04