2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000001853

Entity Name: IGLESIA CRISTIANA RESTAURACION, INC.

Current Principal Place of Business:

1301 STATE RD. 29 N.
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2796
LA BELLE, FL 33975

New Mailing Address:

FEI Number: 55-0865665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARCIA, FROYLAN
4040 RAINBOW CIR
LA BELLE, FL 33935 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: PD ( ) Delete
Name: GARCIA, FROYLAN
Address: 4040 RAINBOW CIR
City-St-Zip: LA BELLE, FL 33935

Title: D ( ) Delete
Name: SANTAMARIA, HORVELIN
Address: 475 KARA LYNN CT
City-St-Zip: LA BELLE, FL 33935

Title: D ( ) Delete
Name: JAIMES, ANCELMA
Address: 3003 CHERRY LN
City-St-Zip: LA BELLE, FL 33935

Title: D ( ) Delete
Name: SANTAMARIA, JUANA
Address: 4040 RAINBOW CIR
City-St-Zip: LA BELLE, FL 33935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: RAMOS, RITA Y
Address: 711 BRIDLE WAY
City-St-Zip: LA BELLE, FL 33935

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: FROYLAN GARCIA PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date