

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001853

FILED  
Mar 31, 2010  
Secretary of State

**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  
Name: GARCIA, FROYLAN  
Address: 4040 RAINBOW CIR  
City-St-Zip: LA BELLE, FL 33935

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FROYLAN GARCIA

PD

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date