

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009802

1. Entity Name
IGLESIA CASA DE RESTAURACION SHALOM, INC.



Principal Place of Business
5225 NE 134 AVE
WILLISTON, FL 32696

Mailing Address
5225 NE 134 AVE
WILLISTON, FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092005

Chg-NP

CR2E037 (10/03)

4. FEI Number

51-0528146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSADO, OMAR R
5225 NE 134 AVE
WILLISTON, FL 32696

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 September 7, 2005

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 P ☐ Delete
NAME ROSADO, OMAR
STREET ADDRESS 5225 NE 134 AVE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE S ☐ Delete
NAME ROSADO, DAMARIS
STREET ADDRESS 5225 NE 134 AVE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE T ☐ Delete
NAME ROSADO, ISMAEL
STREET ADDRESS 5225 NE 134 AVE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VP ☐ Delete
NAME CARRASQUILLO, JUDITH M
STREET ADDRESS 5225 NE 134 AVE
CITY-ST-ZIP WILLISTON, FL 32696

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 P.O. Box 776 ☐ Change ☒ Addition
NAME Bronson, FL 32621
STREET ADDRESS
CITY-ST-ZIP

TITLE P.O. Box 776 ☐ Change ☒ Addition
NAME Bronson, FL 32621
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9/2005 (352) 528-5638

Date

Daytime Phone #

FILED

05 MAY -9 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

