2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N04000009802

Entity Name: IGLESIA CASA DE RESTAURACION SHALOM, INC.

Current Principal Place of Business:

34 E. NOBLE AVE.
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 248
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 51-0528146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSADO, OMAR
5225 NE 134 AVE
WILLISTON, FL 32696 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: PAST ( ) Delete
Name: ROSADO, OMAR
Address: 5225 NE 134 AVE
City-St-Zip: WILLISTON, FL 32696

Title: SEC ( ) Delete
Name: ROSADO, DAMARIS
Address: P.O. BOX 776
City-St-Zip: BRONSON, FL 32621

Title: TRE ( ) Delete
Name: ROSADO, ISMAEL
Address: P.O. BOX 776
City-St-Zip: BRONSON, FL 32621

Title: VP ( ) Delete
Name: CARRASQUILLO, JUDITH M
Address: 5225 NE 134 AVE
City-St-Zip: WILLISTON, FL 32696

Title: EVAN ( ) Delete
Name: SOLER, JOSE R
Address: NW 146 DR 203
City-St-Zip: NEWBERRY, FL 32669

Title: VOCA ( ) Delete
Name: SOTO, JAVIER
Address: 3901 SW 147TH STREET
City-St-Zip: OCALA, FL 34773

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

Title: VOCA (X) Change ( ) Addition
Name: RIVERA, ORLANDO
Address: 8471 NE 111ST.
City-St-Zip: BRONSON, FL 32621

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: OMAR ROSADO PAST 04/21/2009

Electronic Signature of Signing Officer or Director — Date