

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

07 APR 27 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000000870</b> 1. Entity Name <b>MINISTERIO AL RESCATE Y RESTAURACION DE VIDAS INC.</b>						
Principal Place of Business <b>527A M.L.K. JR. PANAMA CITY, FL 32407</b>			Mailing Address <b>3694 UNION HILL ROAD BONIFAY, FL 32425</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>36-4567683</b> <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>GUADALUPE, CANDIDO 3694 UNION HILL RD BONIFAY, FL 32425</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUADALUPE, CANDIDO REV			NAME	<b>000101351920</b> 05/03/07--01016--025 **8.75	
STREET ADDRESS	3694 UNION HILL RD			STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUADALUPE, LUZDIDO C REV			NAME		
STREET ADDRESS	3694 UNION HILL RD			STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGOS, JUANITA REV			NAME	<b>000101351920</b> 05/03/07--01016--024 **61.25	
STREET ADDRESS	7415 HONEY FLAVOR			STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 28214			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.						
<b>SIGNATURE:</b>				4/27/07 (88) 625-0740		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		