

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


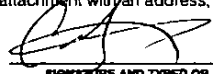
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03092008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000000870</b>					
1. Entity Name MINISTERIO AL RESCATE Y RESTAURACION DE VIDAS JNC.					
Principal Place of Business 527A M.L.K. JR. PANAMA CITY, FL 32407			Mailing Address 3694 UNION HILL ROAD BONIFAY, FL 32425		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4567683	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUADALUPE, CANDIDO 3694 UNION HILL RD BONIFAY, FL 32425			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUADALUPE, CANDIDO REV 3694 UNION HILL RD BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Candido Guadalupe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1420 BO/50A AVE APT. I-66 PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUADALUPE, LUZDIDO C REV <input checked="" type="checkbox"/> Delete 3694 UNION HILL RD BONIFAY, FL 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TESORERA LUZ C. Guadalupe <input type="checkbox"/> Change <input type="checkbox"/> Addition 1420 BO/60A AVE. APT. I-66 PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGOS, JUANITA REV <input checked="" type="checkbox"/> Delete 7415 HONEY FLAVOR CHARLOTTE, NC 28214	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Norma I. Zamora <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1420 BO/50A AVE PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600135285206 09/03/08--01013--019 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 		8/27/08 381-3190 (850)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

KS