2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000988

FILED Apr 26, 2009 Secretary of State

Entity Name: IGLESIA DE RESTAURACION ELOHIM, INC.

Current Principal Place of Business:		New Principal Place of Business:		
7507 ALOI SUITE 4	MA AVE.			
	PARK, FL 3279	92 US		
Current Mailing Address:		New Mailing Address:		
	CONUT GRO\ D, FL 32825	/E LANE US		
FEI Number	: 20-2744395	FEI Number Applied For()	FEI Number Not Applic	able () Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:
ORLAND(The above	CONUT GRO\ D, FL 32825	US	purpose of changing its	registered office or registered agent, or both,
SIGNATU	RF.			
	· · ·			
		nic Signature of Registered Ag	ent	Date
OFFICER Title: Name: Address:	Electron S AND DIREC P () CASTRO, RAQUE 10452 COCON	TORS: Delete JEL UT GROVE LANE		
OFFICER. Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electron S AND DIREC P () CASTRO, RAQ 10452 COCON ORLANDO, FL VP () MORALES, JUI	TORS: Delete UEL UT GROVE LANE 32825 Delete LIO A UT GROVE LANE	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	Electron S AND DIREC P () CASTRO, RAQU 10452 COCON ORLANDO, FL VP () MORALES, JUN 10452 COCON ORLANDO, FL S () GARCIA, MARI 6848 EBANS B	TORS: Delete UEL UT GROVE LANE 32825 Delete LIO A UT GROVE LANE 32825 Delete A A ND	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
	Electron S AND DIREC P () CASTRO, RAQ 10452 COCON ORLANDO, FL VP () MORALES, JUI 10452 COCON ORLANDO, FL S () GARCIA, MARI 6848 EBANS B ORLANDO, FL	TORS: Delete UEL UT GROVE LANE 32825 Delete LIO A UT GROVE LANE 32825 Delete A A ND 32807 Delete NIEL ND	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition () Change () Addition

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: RAQUEL CASTRO P 04/26/2009