

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11566

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** IGLESIA CHRISTIANA OASIS DE RESTAURACION, INC.

**Current Principal Place of Business:**

721 MEMORIAL DR  
SEBRING, FL 33870

**New Principal Place of Business:**

721 MEMORIAL DR  
SEBRING, FL 33870 UN

**Current Mailing Address:**

721 MEMORIAL DR  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 59-2590660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBLES, JUAN A PASTOR  
3314 VALERIE BLVD  
SEBRING, FL 33870 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: PT  
Name: ROBLES, JUAN A PASTOR  
Address: 3314 VALERIE BLVD  
City-St-Zip: SEBRING, FL 33870

Title: M  
Name: ROBLES, CARMEN MIN.  
Address: 3314 VALERIE BLVD  
City-St-Zip: SEBRING, FL 33870

Title: T  
Name: BONILLA, MIGDALIA MRS  
Address: 4706 MACKEREL DR  
City-St-Zip: SEBRING, FL 33870

Title: S  
Name: COBO, IVONNE MRS  
Address: 7009 CASTILLE RD.  
City-St-Zip: SEBRING, FL 33876

Title: D  
Name: COBO, ELDIS  
Address: 7009 CASTILLE RD  
City-St-Zip: SEBRING, FL 33876

Title: D  
Name: VILLALOBOS, ELVIS MR  
Address: 3441 ELLINGTON AVE  
City-St-Zip: SEBRING, FL 33870

I hereby 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 all other like empowered.

SIGNATURE: JUAN A. ROBLES

REV

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date