

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000468 (7)

1. Corporation Name

MINISTRY SANCTUARY OF RESTORATION, INC.



Principal Place of Business

Mailing Address

**826 EAST VINE STREET
KISSIMMEE FL 34744**

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KISSIMMEE FL 34744**

3. Date Incorporated or Qualified
01/26/1995

3a. Date of Last Report
NOT Applicable

2. Principal Place of Business
21 **5621 Orange Ave.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. BOX 450657**
Suite, Apt. #, etc.

4. FEI Number
59-3299496
Applied For
Not Applicable

22 City & State
Intercession City FL

27 City & State
Kissimmee FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33848** 25 Country **USA**

29 Zip **34745** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELGADO, ISABEL
826 EAST VINE STREET
KISSIMMEE FL 34744**

81 Name **N/A**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP DELGADO, ISABEL**
STREET ADDRESS **1211 SAGO PALM**
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **T Reyes, Alice**
1.3 STREET ADDRESS **939 Woodside Circle**
1.4 CITY-ST-ZIP **Kissimmee FL 34741**

TITLE ☐ DELETE
NAME **DS PAGAN, LESLIE A**
STREET ADDRESS **1211 SAGO PALM**
CITY-ST-ZIP **KISSIMMEE FL 34741**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T Pagan, Leslie A.**
2.3 STREET ADDRESS **1211 Sago Palm**
2.4 CITY-ST-ZIP **Kissimmee FL 34741**

TITLE ☒ DELETE
NAME **DT NARVAEZ, EDWIN**
STREET ADDRESS **302 SEA SHELL CT.**
CITY-ST-ZIP **KISSIMMEE FL 34743**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T Rivera, Iliia N.**
3.3 STREET ADDRESS **2188 Cypress Bay Blvd.**
3.4 CITY-ST-ZIP **Kissimmee FL 34743**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isabel Delgado-Director - Pres. 4-10-96 (407) 933-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)