


FILE NOW: FILING FEE IS \$61.25

FILED

May 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000468 (7)**

1. Corporation Name

**MINISTRY SANCTUARY OF RESTORATION, INC.**



Principal Place of Business	Mailing Address
<b>5621 ORANGE AVE. INTERCESSION CITY FL 33848</b>	<b>P.O. BOX 450657 KISSIMMEE FL 34745-0657</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21		26		4. FEI Number <b>59-3299496</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ISABEL	1.2 NAME	<b>Rodriguez, Leslie A.</b>
STREET ADDRESS	1211 SAGO PALMS	1.3 STREET ADDRESS	<b>800 South Goodman Rd.</b>
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	<b>Kissimmee, FL 34747</b>
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGAN, LESLIE A	2.2 NAME	<b>Burgos, Marilyn</b>
STREET ADDRESS	1211 SAGO PALMS	2.3 STREET ADDRESS	<b>134 Carlisle Ct.</b>
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	<b>Kissimmee FL 34758</b>
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ILIA N	3.2 NAME	<b>Jimenez, Alice</b>
STREET ADDRESS	2188 CYPRESS BAY BLVD.	3.3 STREET ADDRESS	<b>939 Woodside Cir.</b>
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	<b>Kissimmee FL 34741</b>
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ALICE	4.2 NAME	
STREET ADDRESS	939 WOODSIDE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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* **Isabel Delgado** 3-25-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070039

CR2E037 (9/96)