2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N95000000468 FILFD 1. Entity Name MINISTRY SANCTUARY OF RESTORATION, INC. 00 APR -3 AM 8: 39 Mailing Address Principal Place of Business SECRETARY OF STATE P. O. BOX 550 1362 E. VINE STREET TALLAHASSEE, FLORIDA INTERCESSION CITY FL 33848-0550 KISSIMMEE FL 34744 3. Mailing Address 450657 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Ant. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 1551HHEE 59-3299496. Not Applicable OSCEOLA \$8.75 Additional - Country _Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number.is Not Acceptable). Delgado, Isabel 1211 SAGO PALM BLVD KISSIMMEE FL 34741 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change DT TITLE Delete TITLE Esabel 1211 Sago Ralm Blud. GARCIA, MARTIN NAME NAME **CR2E037** 2528 S. STEWARD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 **C**hange Addition DM Deiete TITLE TITLE GARCIA, RAQUEL NAME NAME STREET ADDRESS STREET ADDRESS 2528 S. STEWART STREET 14937 CITY-ST-21P CITY-ST-ZIP KISSIMMEE FL 34746 -☐ Change Addition DS TITLE Delete TITL F NAME VELEZ, SANDRA NAME PO_130X STREET ADDRESS 14931-DAY-LILY-STREET STREET ADDRESS ISSIMM CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP ☐ Change Addition DC TITLE ☐ Delete TITLE Gutierrez NALUE CLASS, MAGALY NAME STREET ADDRESS STREET ADDRESS 154 TULIP WAY 2402 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition TITLE ☐ Oelete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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. 'i - N 6 1

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR