

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000000468****1. Entity Name**

MINISTRY SANCTUARY OF RESTORATION, INC.

**Principal Place of Business**

1362 E. VINE STREET

KISSIMMEE  
34744

FL

**Mailing Address**

P. O. BOX 450657

KISSIMMEE  
34745

FL

**2. Principal Place of Business**

3 SO. JOHN YOUNG BLVD

Suite, Apt. #, etc.  
SUITE 7**3. Mailing Address**

1211 SAGO PALM BLVD

Suite, Apt. #, etc.

**City & State**

KISSIMMEE

FL

**City & State**

KISSIMMEE

FL

**Zip**

34741

**Country**

34741

**Zip**

34741

**Country****4. FEI Number****59-3299496****Applied For**

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DELGADO ISABEL  
1211 SAGO PALM BLVD

KISSIMMEE

34741

FL

US

**7. Name and Address of New Registered Agent****Name**

Street Address (P.O. Box Number is Not Acceptable)

**City****FL**

Zip Code

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 **ISABEL DELGADO**

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

(NOTE: Registered Agent signature required when reinstalling)

**05/01/2001**

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	CT	<input type="checkbox"/> Delete
NAME	GUTIERREZ EDWARD	
STREET ADDRESS	2402 CANCUN CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CLASS MAGALY	
STREET ADDRESS	154 TULIP WAY	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REYES-JIMENEZ ALICE	
STREET ADDRESS	PO BOX 420181	
CITY-ST-ZIP	KISSIMMEE FL 34742	
TITLE	TT	<input type="checkbox"/> Delete
NAME	VELEZ SANDRA	
STREET ADDRESS	14931 DAY LLY STREET	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELGADO ISABEL	
STREET ADDRESS	1211 SAGO PALM BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA JOSE U	
STREET ADDRESS	2900 LARSON ST	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA RAQUEL	
STREET ADDRESS	2528 SO. STEWART ST	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ SANDRA	
STREET ADDRESS	2308 SIMPSON RIDGE APT C	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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.

**SIGNATURE: RAQUEL GARCIA**

ST

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)