

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000468

FILED
Apr 21, 2007
Secretary of State

Entity Name: MINISTRY SANCTUARY OF RESTORATION, INC.

Current Principal Place of Business:

1356 CINDER LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450657
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 59-3299496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELGADO, ISABEL
1356 CINDER LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

DELGADO, ISABEL
3363 CELENA CIRCLE
ST CLOUD, FL 34769 US

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:

04/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELGADO, ISABEL
Address: 1356 CINDER LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: VELEZ, SANDRA
Address: 1204 PINEWOOD ST
City-St-Zip: KISSIMMEE, FL 34744

Title: DCS () Delete
Name: OCASIO, NATALIA
Address: 2932 TWIN OAKS DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: APONTE, ANNETTE
Address: 13207 MEADOW FIELD DR
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: RODRIGUEZ, CARMEN
Address: 1592 ANORADA BLVD.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELGADO, ISABEL
Address: 3363 CELENA CIRCLE
City-St-Zip: ST CLOUD, FL 34769

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ISABEL DELGADO

PD

04/21/2007

Electronic Signature of Signing Officer or Director

Date