2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2010
Secretary of State

DOCUMENT# N95000000468

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:

3363 CELENA CIRCLE
ST CLOUD, FL 34769

FEI Number: 59-3299496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DELGADO, ISABEL
Address: 3363 CELENA CIRCLE
City-St-Zip: ST CLOUD, FL 34769

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

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

Title: D
Name: APONTE RODRIGUEZ, ANNETTE
Address: 14022 HERON POND COURT
City-St-Zip: ORLANDO, FL 32824

Title: D
Name: MARQUEZ, DIANA
Address: 1030 PLAZA DR SUITE C
City-St-Zip: KISSIMMEE, FL 34743

I hereby 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 all other like empowered.

SIGNATURE: ISABEL DELGADO PD 05/25/2010
Electronic Signature of Signing Officer or Director Date