

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000468

FILED  
Apr 10, 2012  
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:**

3363 CELENA CIRCLE  
ST CLOUD, FL 34769

**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  
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

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date