

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT -6 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747375

1. Entity Name

INSTITUTO BIBLICO PENTECOSTAL MIZPA, INC.



Principal Place of Business

1661 N.W. 119 ST
MIAMI, FL 33168 US

Mailing Address

PO BOX 68118
N MIAMI, FL 33168 US

2. Principal Place of Business

4940 Hoffner Ave.
Suite, Apt. #, etc.

3. Mailing Address

4940 Hoffner Ave.
Suite, Apt. #, etc.



05-06-04 90162 029 \$88.75

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

65-0206069

Applied For

Not Applicable

Zip

32812

Country

USA

Zip

32812

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, REV ENRIQUE
1170 N.W. 126 ST
NORTH MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name Lucas Laureano

Street Address (P.O. Box Number is Not Acceptable)
750 Shadow Oaks Rd.

City Kissimmee

FL

Zip Code

34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	NAZARIO, REV. EDGAR	
STREET ADDRESS	7454 HALLOW RIDGE CIR	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	☒ Delete
NAME	ROBLES, ELIZABETH	
STREET ADDRESS	2730 N.W. 17TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	☒ Delete
NAME	RIVIERA, ENRIQUE	
STREET ADDRESS	1170 N.W. 126 ST	
CITY-ST-ZIP	N. MIAMI, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	NAZARIO, REV. EDGAR	
STREET ADDRESS	1752 KING ARTHUR CT.	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	
TITLE	D	☐ Change ☒ Addition
NAME	ORTIZ, REV. ANTONIO	
STREET ADDRESS	3719 EOKONLOTACHEE TRAIL	
CITY-ST-ZIP	ORLANDO, FL. 32817	
TITLE	D	☐ Change ☒ Addition
NAME	PEREZ, MRS. JOSE	
STREET ADDRESS	538 MARICOPA BL.	
CITY-ST-ZIP	KISSIMMEE, FL. 34758	
TITLE	D	☐ Change ☒ Addition
NAME	LAUREANO, PASTOR LUCAS	
STREET ADDRESS	750 SHADOW OAKS	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	
TITLE	D	☐ Change ☒ Addition
NAME	ROSC, MRS. NOEMI	
STREET ADDRESS	3862 BENITTO COURT	
CITY-ST-ZIP	ORLANDO, FL. 32817	
TITLE		☐ Change ☐ 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/04/04 (407) 856-7997