

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 07, 2005  
Secretary of State**

DOCUMENT# N03000005988

Entity Name: CENTRO DE ORIENTACION BIBLICA CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

6953 CLOVIS ROAD  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

6953 CLOVIS ROAD  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHAVEZ, RAUL A REV.  
6953 CLOVIS ROAD  
JACKSONVILLE, FL 32205      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: RAUL CHAVEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      CHAVEZ, RAUL A  
Address:                      6953 CLOVIS ROAD  
City-St-Zip:                      JACKSONVILLE, FL 32205

Title:                      V                      ( ) Delete  
Name:                      ARMANDO VERA E.,  
Address:                      2204 ROBIN STREET  
City-St-Zip:                      MCALLEN, TX 78504

Title:                      S                      ( ) Delete  
Name:                      VERA, MARIA L  
Address:                      2204 ROBIN STREET  
City-St-Zip:                      MCALLEN, TX 78504

Title:                      T                      ( ) Delete  
Name:                      MENDOZA, ROSA A  
Address:                      6953 CLOVIS ROAD  
City-St-Zip:                      JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: RAUL CHAVEZ

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

REV.

02/07/2005

\_\_\_\_\_  
Date