

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2005
Secretary of State

DOCUMENT# N04000004867

Entity Name: IGLESIA DE CRISTO SENDERO DE ESPERANZA, CORP

Current Principal Place of Business:

4858 24TH SW
LEHIGH ACRES, FL 33971

New Principal Place of Business:

18445 IRIS ROAD
FORT MYERS, FL 33912

Current Mailing Address:

4858 24TH SW
LEHIGH ACRES, FL 33971

New Mailing Address:

18445 IRIS ROAD
FORT MYERS, FL 33912

FEI Number: 20-1673485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

LICARDIE ARMAS, CAMILO A
4858 24TH SW.
LEHIGH ACRES, FL 33971 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: CAMILO A LICARDIE ARMAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LICARDIE SOTO, CAMILO R
Address: 18487 E SHORE DR
City-St-Zip: FT MYERS, FL 33912

Title: SD () Delete
Name: LOPEZ, ALEJANDRO
Address: 9124 CYPRESS DR., NORTH
City-St-Zip: FT MYERS, FL 33912

Title: VD () Delete
Name: LICARDIE ARMAS, CAMILO A
Address: 4858 24TH SW.
City-St-Zip: LEHIGH ACRES, FL 33971

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:

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: CAMILO A LICARDIE ARMAS

Electronic Signature of Signing Officer or Director

MR

11/03/2005

Date