

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004867

FILED
Apr 15, 2009
Secretary of State

Entity Name: IGLESIA DE CRISTO SENDERO DE ESPERANZA, CORP

Current Principal Place of Business:

2801 11TH. ST. W.
LEHIGH ACRES, FL 33971

New Principal Place of Business:

300 LEONARD N LEONARD S
UNIT 1 & 2
LEHIGH ACRES, FL 33971

Current Mailing Address:

2801 11 TH. ST. W.
LEHIGH ACRES, FL 33971

New Mailing Address:

300 LEONARD N LEONARD S
UNIT 1 & 2
LEHIGH ACRES, FL 33971

FEI Number: 20-1673485 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:

LICARDIE ARMAS, CAMILO A
2801 11 TH. ST. W
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

LICARDIE ARMAS, CAMILO A
300 LEONARD N LEONARD S
UNITS 1 & 2
LEHIGH ACRES, FL 33971 US

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 LICARDIE ARMAS

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LICARDIE SOTO, CAMILO R
Address: 2801 11 TH. ST. W.
City-St-Zip: LEHIGH ACRES, FL 33971

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: 2801 11TH. ST. W
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LICARDIE SOTO, CAMILO R
Address: 300 LEONARD N LEONARD S UNIT 1 & 2
City-St-Zip: LEHIGH ACRES, FL 33971

Title: SD (X) Change () Addition
Name: LOPEZ, ALEJANDRO
Address: 300 LEONARD N LEONARD S UNIT 1 & 2
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD (X) Change () Addition
Name: LICARDIE ARMAS, CAMILO A
Address: 300 LEONARD N LEONARD S UNIT 1 & 2
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 LICARDIE SOTO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date