

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010273

FILED
Oct 05, 2006
Secretary of State

Entity Name: CENTRO CRISTIANO DIOS DE PACTOS, INC.

Current Principal Place of Business:

155 OWENSHIRE CIRCLE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

155 OWENSHIRE CIRCLE
KISSIMMEE, FL 34744

New Mailing Address:

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

Name and Address of Current Registered Agent:

ARIAS, WALTER
155 OWENSHIRE CIRCLE
KISSIMMEE, FL 34744 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: WALTER ARIAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARIAS, WALTER
Address: 155 OWENSHIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: O () Delete
Name: ARIAS, MARYBELL
Address: 155 OWENSHIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: O () Delete
Name: GONZALEZ, JHON
Address: 2414 RUDDENSTONE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: O (X) Delete
Name: BECERRA, ALBERTO
Address: 655 TAM CT
City-St-Zip: WINTERSPRINGS, FL 32708

Title: S () Delete
Name: MOLINA, ANGELICA M
Address: 2928 CANOE CIR
City-St-Zip: CANOE CREEK STATE, FL 37422

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:

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 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: WALTER ARIAS

Electronic Signature of Signing Officer or Director

P

10/05/2006

Date