


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 765597</b>		
1. Entity Name IGLESIA CRISTIANA LIBRE DE TAMPA, INC.		

FILED  
08 APR -7 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3006 N. ARMENIA AVE TAMPA, FL 33607	Mailing Address PO BOX 0177 TAMPA, FL 33673-0177
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2. Principal Place of Business - No P.O. Box # 8608 SUWANEE AVE	3. Mailing Address 2919 W ST. CONRAD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33604	Zip 33607
Country USA	Country USA



4. FEI Number 59-2234487		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALEZ, CARLOS E 2919 W. ST. CONRAD ST TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

400122546824  
04/08/08--01015--017 \*\*131.25

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SUAREZ, TERESA STREET ADDRESS 2008 W. ABDELA ST. CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE PD NAME ABRAHAM URIZAR STREET ADDRESS 8614 N SUWANEE AVE CITY-ST-ZIP TAMPA FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MONTALVO, MINERVA STREET ADDRESS 3412 11TH ST N CITY-ST-ZIP TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME VALENTINA RODRIGUEZ STREET ADDRESS 8813 WELLINGTON DR CITY-ST-ZIP TAMPA FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SANGURIMA, CARMEN STREET ADDRESS 3701 1/2 N. NEBRASKA AVENUE CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE TD NAME ANA GUTIERREZ STREET ADDRESS 2919 W. ST. CONRAD ST CITY-ST-ZIP TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME GONZALEZ, CARLOS E STREET ADDRESS 2919 W. ST. CONRAD ST CITY-ST-ZIP TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE P NAME [Signature] STREET ADDRESS [Signature] CITY-ST-ZIP [Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #

CARLOS E GONZALEZ Pres. 4/8