2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005172

City-St-Zip: LAS PIEDRAS, PR 00771

FILED Nov 21, 2009 Secretary of State

Entity Na	me: IGLESIA FUENTE DE SALVACION MISION	ERA INC., MOVIMIENTO IN'	TERNACIONAL	
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5304-12 SUMMERLIN RD. FORT MYERS, FL 33909		1015 SE 26TH. ST CAPE CORAL, FL 339	1015 SE 26TH. ST CAPE CORAL, FL 33904	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
5304-12 SUMMERLIN RD. FORT MYERS, FL 33909		1015 SE 26TH. ST CAPE CORAL, FL 339	1015 SE 26TH. ST CAPE CORAL, FL 33904	
In accordan	: 04-3754060 FEI Number Applied For () Fl ice with s. 607.193(2)(b), F.S., the corporation did not rec I Address of Current Registered Agent:	•	Certificate of Status Desired (X) f New Registered Agent:	
RIVERA, NELSON W 5304-12 SUMMERLIN RD. FORT MYERS, FL 33909 US		RIVERA, NELSON W 1015 SE 26TH. ST CAPE CORAL, FL 339		
The above in the State	e named entity submits this statement for the purpo e of Florida.	ose of changing its registered	d office or registered agent, or both,	
SIGNATURE: NELSON W. RIVERA			11/21/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () Delete DELGADO, MISAEL MARIN PO BOX 91 LAS PIEDRAS, PR 00771	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCVP () Delete PADIN, JOSE A P.O. BOX 1581 VEGA BAJA, PR 006941581	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete RODRIGUEZ, AILEEN W HC-40 BOX 43522 SAN LORENZO, PR 00754	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DT () Delete BERRIOS, PABLO P.O. BOX 1445	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: REV. MISAEL MARIN DELGADO **PRES** 11/21/2009