

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N0000005570</b> 1. Entity Name <b>IGLESIA JESUCRISTO FUENTE DE AMOR DE LA FLORIDA CENTRAL, INC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY - 1 AM 8:55

Principal Place of Business <b>MILL CREEK MALL 1324 E. VINE STREET KISSIMMEE, FL 34741 US</b>	Mailing Address <b>2017 PITCH WAY KISSIMMEE, FL 34746 US</b>
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05/01/09--01044--001 \*\*131.25



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address <b>2208 Wandering Oak Terr</b>  Suite, Apt. #, etc.
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03012009 REIN-NP CR2E099 (1/07)

City & State <b>Kissimmee, FL</b>	4. FEI Number <b>59-3710043</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34746</b>	Country <b>US</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SALADIN, NANCY Z PASTOR**  
 2017 PITCH WAY  
 KISSIMMEE, FL 34746

**7. Name and Address of New Registered Agent**

Name **Quiroz, Nancy Z. Pastor**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2208 Wandering Oak Terr**  
  
 City **Kissimmee FL** Zip Code **34746**

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 **PASTOR NANCY Z QUIROZ** *Pastor Nancy Z Quiroz* **March 4, 2009**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	Delete
PSOD	<b>SALADIN, NANCY Z PASTOR</b>	<input type="checkbox"/>
STREET ADDRESS <b>2017 PITCH WAY</b>		
CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>		
OD	<b>TRUJILLO, MARTHA</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>509 MARICOPA CIRCLE</b>		
CITY-ST-ZIP <b>KISSIMMEE, FL 34759</b>		
OD	<b>GALVEZ, SONIA</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1017 DAMPIERRE COURT</b>		
CITY-ST-ZIP <b>KISSIMMEE, FL 34759</b>		
OD	<b>SALADIN, MIGUEL A</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>2017 PITCH WAY</b>		
CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>		
OD	<b>CAMPBELL, YOCASTA I</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1126 LAVAUR CT</b>		
CITY-ST-ZIP <b>KISSIMMEE, FL 34759</b>		
		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	Change	Addition
PSOD	<b>QUIROZ, NANCY Z. PASTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS <b>2208 Wandering Oak Terr</b>			
CITY-ST-ZIP <b>Kissimmee, FL 34746</b>			
PSOD	<b>Carmona, FELIX PASTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>135 White Birch Dr</b>			
CITY-ST-ZIP <b>Kissimmee, FL 34743</b>			
OD	<b>Ortiz, Damaris</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1634 Talon Court</b>			
CITY-ST-ZIP <b>Kissimmee, FL 34746</b>			
OD	<b>Rosa, Charlie</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>8813 Buena Vista Pl #8104</b>			
CITY-ST-ZIP <b>Windermere, FL 34786</b>			
OD	<b>Rosa, Virgen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>8813 Buena Vista Pl #8104</b>			
CITY-ST-ZIP <b>Windermere, FL 34786</b>			
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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: *Pastor Nancy Z Quiroz* **PASTOR NANCY Z. QUIROZ** **Mar 4, 2009** **407-201-2042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #