

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007720

FILED
Oct 10, 2005
Secretary of State

Entity Name: EL HOSPITAL DEL ALMA LUTHERAN CHURCH OF HOMESTEAD, FLORIDA INC.

Current Principal Place of Business:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Mailing Address:

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

Name and Address of Current Registered Agent:

PEREZ-LOPEZ, BENITO REV.
29501 SW 152 AVE
LEISURE CITY, FL 33033 US

Name and Address of New Registered Agent:

PEREZ-LOPEZ, BENITO REV.
10301 SW 45 ST
MIAMI, FL 33165 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: REV BENITO PEREZ-LOPEZ

10/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ESCALANTE, FERNANDO
Address: 28655 S.W. 153RD RD. #204
City-St-Zip: LEISURE CITY, FL 33033

Title: S () Delete
Name: ESCALANTES, MILAGROS
Address: 28655 SW 153 RD #105
City-St-Zip: LEISURE CITY, FL 33033

Title: DP () Delete
Name: LOMBA, AMADO
Address: 1541 N.E. 8TH STREET #1
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: PRATS, ALEX
Address: 20010 EAGLE NEST RD
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ESCALANTES, MILAGROS
Address: 28655 S.W. 153RD RD. #105
City-St-Zip: LEISURE CITY, FL 33033

Title: DP (X) Change () Addition
Name: LOPEZ, ISIDRO
Address: 9304 SW 166 CT.
City-St-Zip: MIAMI, FL 33196

Title: T (X) Change () Addition
Name: ALMOGUEA, SANDRA
Address: 30505 SW 149 CT.
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV. BENITO PEREZ-LOPEZ

RA

10/10/2005

Electronic Signature of Signing Officer or Director

Date