

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000441

FILED
Nov 02, 2004
Secretary of State**Entity Name:** INDEPENDENT LIBERTY CHURCH INC.**Current Principal Place of Business:**1521 SW 6 ST #204
MIAMI, FL 33135**New Principal Place of Business:**777 EAST 25TH STREET
SUITE #501
HIALEAH, FL 33013**Current Mailing Address:**1521 SW 6 ST #204
MIAMI, FL 33135**New Mailing Address:**777 EAST 25TH STREET
SUITE #501
HIALEAH, FL 33013**FEI Number:** 65-1061179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PSDT () Delete
Name: CASTELLON, CELESTINO P DR
Address: 1521 SW 6 TH ST # 204
City-St-Zip: MIAMI, FL 33135 US

Title: PSDT (X) Delete
Name: GOMEZ RODRIGUEZ, Y M DR
Address: 1521 SW 6 TH ST # 204
City-St-Zip: MIAMI, FL 33135 US

Title: SECR (X) Delete
Name: MARJORIE, GOMEZ MISS
Address: 1521 SW 6 TH ST # 204
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change () Addition
Name: CASTELLON, CELESTINO P MD
Address: 777 EAST 25TH STREET SUITE #501
City-St-Zip: HIALEAH, FL 33013 US

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 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: CELESTINO P. CASTELLON, M.D.

M.D.

11/02/2004

Electronic Signature of Signing Officer or Director_____
Date