2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2009
Secretary of State

DOCUMENT# N01000002952

Entity Name: CHURCH OF GOD FUENTES DE AMOR, INC.

Current Principal Place of Business:

7117 HUDSON AVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

7117 HUDSON AVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 02-0573873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, RAMON
7117 HUDSON AVE
HUDSON, FL 34668 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: RAMON TORRES
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TORRES, RAMON-REVEREND	
Address:	10536 LABURNUM DR	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	( ) Delete
Name:	CARDONA, WILFREDO	
Address:	7330 BOX ELDER DR	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	ST	( ) Delete
Name:	NITZA, CARDONA I	
Address:	7330 BOX ELDER DR.	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	( ) Delete
Name:	ACEVEDO, ANA	
Address:	8505 2 CROCUS CT.	
City-St-Zip:	HUDSON, FL 34667	
Title:	D	( ) Delete
Name:	CONCEPCION, BENIGO	
Address:	7849 ROYAL STEWART DR	
City-St-Zip:	NEW PORT RICHEY, FL 34655	
Title:	D	( ) Delete
Name:	GONZALEZ, MARIA	
Address:	15825 HICKS RD	
City-St-Zip:	HUDSON, FL 34667	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: NITZA I CARDONA ST 10/11/2009
Electronic Signature of Signing Officer or Director — Date