

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jul 12, 2005  
Secretary of State**

DOCUMENT# N01000004049

**Entity Name:** IGLESIA CENTRO DE ALABANZA Y ADORACION OF SEMINOLE COUNTY INC.

**Current Principal Place of Business:**

2921 S. ORLANDO DRIVE  
#230  
SANFORD, FL 32773

**New Principal Place of Business:**

154 LARCHMONT DRIVE  
DELTONA, FL 32738

**Current Mailing Address:**

2921 S. ORLANDO DRIVE  
#230  
SANFORD, FL 32773

**New Mailing Address:**

P.O. BOX 1722  
SANFORD, FL 32772

**FEI Number:** 20-3064814      **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:**

DE ALBA, JUAN C  
2921 S. ORLANDO DRIVE  
#230  
SANFORD, FL 32773 US

**Name and Address of New Registered Agent:**

DE ALBA, JUAN C  
154 LARCHMONT DRIVE  
DELTONA, FL 32738      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: JUAN C DE ALBA

07/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DE ALBA, JUAN C  
Address: 154 LARCHMONT DR  
City-St-Zip: DELTONA, FL 32738

Title: DV      ( ) Delete  
Name: DE ALBA, ELIZABETH  
Address: 154 LARCHMONT DR  
City-St-Zip: DELTONA, FL 32738

Title: DS      ( ) Delete  
Name: RONDON, BLANCA I  
Address: 814 W. 25TH STREET  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS      (X) Change ( ) Addition  
Name: SOLLA, ELIZABETH  
Address: 371 HANDSOME PARKWAY  
City-St-Zip: SANFORD, FL 32773

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: JUAN C DE ALBA

PD

07/12/2005

Electronic Signature of Signing Officer or Director

Date