2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006959

City-St-Zip:

FILED May 17, 2009 Secretary of State

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Entity Na	me: IGLESIA CRISTO ES LA VICTORIA, INC.		
-	. 4		
Current Principal Place of Business:		New Principal Place of Business:	
	RRY FORD ROAD D, FL 32822		
Current Mailing Address:		New Mailing Address:	
	RRY FORD ROAD D, FL 32822	PO BOX 677863 ORLANDO, FL 32867	
	r: 36-4196406 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not r	El Number Not Applicable () Certificate of Status Desire ceive the prior notice.	ed ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	T, JUAN RRY FORD ROAD D, FL 32822 US		
	e named entity submits this statement for the pur e of Florida.	oose of changing its registered office or registered agent,	, or both,
SIGNATUI	RE: JUAN ALVAREZ		
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	T () Delete ALVAREZ, JUAN 8244 CURRY FORD ROAD ORLANDO, FL 32822	Title: P (X) Change () Addition Name: ALVAREZ, JUAN Address: 8244 CURRY FORD ROAD City-St-Zip: ORLANDO, FL 32822	
Title: Name: Address: City-St-Zip:	T () Delete LABRADOR, WILFREDO 530 AUBURN AVENUE ALTAMONTE, SPRING, FL 32714	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	T/S () Delete DIAZ, MARTA 13225 EARLY FROST CIRCLE ORLANDO, FL 32828	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address:	() Delete	Title: T () Change (X) Addition Name: VELEZBURGOS, MAIRA Address: 1616 RIVER REACH DR APT 41	

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.

City-St-Zip:

ORLANDO, FL 32828

SIGNATURE: JUAN ALVAREZ P 05/17/2009