## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000007071

City-St-Zip:

Apr 22, 2005 Secretary of State

Entity Name: IGLESIA CAMINO A LA VERDAD, INC. **Current Principal Place of Business: New Principal Place of Business:** 2944 CRYSTAL CREEK BLVD ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 2944 CRYSTAL CREEK BLVD ORLANDO, FL 32837 FEI Number: 51-0427888 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: Name and Address of New Registered Agent: LOPEZ, ADA L 2944 CRYSTAL CREEK BLVD ORLANDO, FL 32837 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: ADA L LOPEZ Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LOPEZ, ADA L LOPEZ, ADA L Name: Name: Address: 2949 CRYSTAL CREK BLVD Address: 2944 CRYSTAL CREEK BLVD ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOPEZ, EUGENIO Name: Address: 2944 CRYSTAL CREEK BLVD Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition DIAZ, MARGARITA Name: Name: 2301 WATERLOO CT Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: LAMOURT, ALEX 2940 CRYSTAL CREEK BLVD Address: Address:

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.

City-St-Zip:

ORLANDO, FL 32837

SIGNATURE: ADA L LOPEZ P 04/22/2005