

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2009 APR -2 A 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262009 REIN-NP CR2E099 (1/07)

<b>DOCUMENT # N04000000861</b> 1. Entry Name IGLESIA DE CRISTO MISIONERA "EBENEZER" EL TABERNACULO, INC.			
Principal Place of Business 2531 KIKERS CT. KISSIMMEE, FL 34743		Mailing Address 2531 KIKERS CT. KISSIMMEE, FL 34743	
2. Principal Place of Business - No P O Box # 1003 BRACH STREET		3. Mailing Address 1003 BRACH STREET	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State KISSIMMEE, FLORIDA		City & State KISSIMMEE, FLORIDA	
Zip 34744		Country OSCOLA	
4. FEI Number 83-0391464		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SANTIAGO, RAMON L REV. 2531 KIKERS CT. KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		100148451671 04/02/09--01037--033 **122.50	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SANTIAGO, RAMON L REV. 2531 KIKERS CT. KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSARIO MARIA I 1502 GUNN ST KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAZQUEZ, CECILIO REV. 1717 BARBER RD. ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERMAN RODRIGUEZ 124 FANSY CT. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROSARIO, FERNANDO 1024 PLANTATION DRIVE B-10 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICARDO CASTRO 147 HARNESS LN. 3 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSALINDA RIVERA 1159 TUBER CAVIS LN. ORLANDO, FL 32830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN PINTO 124 SUNWOOD LANE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: _____		3-27-09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT

08-09