

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002110
 1. Entity Name
CANAAN HISPANIC BAPTIST CHURCH CORP.



FILED
 06 APR -4 PM 12:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1501 S.W. 27 AVE
 FT LAUDERDALE, FL 33312

Mailing Address
 1501 S.W. 27 AVE
 FT LAUDERDALE, FL 33312

2. Principal Place of Business		3. Mailing Address <i>1465 SW 28 Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Fort Lauderdale, Florida</i>	
Zip	Country	Zip <i>33312</i>	Country <i>USA</i>



03012006 REIN-NP CR2E099 (11/05) *05-06*

4. FEI Number
20-0936031

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SALCED, ALFREDO
 1465 S.W. 28TH WAY
 FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name *Salcedo, Alfredo*

Street Address (P.O. Box Number, is Not Acceptable)
1465 SW 28th way

City *Fort Lauderdale* FL Zip Code *33312*

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 *[Signature]* **Alfredo Salcedo - Registered Agent** *3/29/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50 *61.25*

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SALCEDO, ALFREDO	
STREET ADDRESS	1465 SW 28 AVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALCEDO, HUMBERTO	
STREET ADDRESS	1664 SW 29 TR, APT A	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARY L	
STREET ADDRESS	4300 SHERIDAN ST-APT #244	
CITY-ST-ZIP	HLLWD, FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	VILLALOBOS, ENITH	
STREET ADDRESS	8739 N.W. 108 LN	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>05-16-05 90196 030 \$61.25</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>\$794/6</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<i>300070463593 04/14/05--01056--008 **\$61.25</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **Alfredo Salcedo - Registered Agent** *3/29/06* *954-592-7164*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CANAAN HISPANIC BAPTIST CHURCH
1465 SW 28 WAY, FORT LAUDERDALE, FL. 33312

March 29, 2006.

To whom it may concern,

As per our phone conversation, our Church sent the 2005 Not For Profit Corporation Annual Report with a check for \$61.25 last year. The Report was returned to us due to missing information. Because we never received it, the form was returned to you due to failure to deliver. We never found out that our Corporation had been cancelled.

We respectfully ask that you may waive the reinstatement charge due to failure to receive the notice. Enclosed please find a Reinstatement form with a check for \$61.25 to cover our due for 2006.

Please free to call 954-592-7164 and speak to Mr. Carlos M. Lugo if you need to discuss this matter. Thank you.

Respectfully yours,


Alfredo Salcedo
Registered Agent