

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



DOCUMENT # N04000004438
 1. Entity Name
IGLESIA BAUTISTA RESURRECCION DE BELLE GLADE, INC.

FILED
 08 NOV 19 AM 9:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 633 WEST CANAL STREET NORTH
 BELLE GLADE, FL 33430-3090

Mailing Address
 633 WEST CANAL STREET NORTH
 BELLE GLADE, FL 33430-3090



REINSTATEMENT 08

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 41-2062587		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

6. Name and Address of Current Registered Agent TOLA, FRANCISCO X 633 WEST CANAL STREET NORTH BELLE GLADE, FL 33430-3090				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBA, JOHN		NAME	Ivan Rodriguez	
STREET ADDRESS	633 WEST CANAL STREET NORTH		STREET ADDRESS	633 West Canal Street North	
CITY-ST-ZIP	BELLE GLADE, FL 334303090		CITY-ST-ZIP	Belle Glade FL 33430	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, JOHANIS		NAME		
STREET ADDRESS	633 WEST CANAL STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 334303090		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYES, AURELIO		NAME		
STREET ADDRESS	633 WEST CANAL STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 334303090		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* 11/12/08
Signature and typed or printed name of signing officer or director Date

Daytime Phone #