

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # N05000007790

1. Entity Name
IGLESIA JESUCRISTO EL TODOPODEROSO IV, INC.



FILED

2007 OCT 29 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3325 S.W. 7TH PLACE
CAPE CORAL, FL 33914

Mailing Address
3325 S.W. 7TH PLACE
CAPE CORAL, FL 33914



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number

20-3253171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JAVIER
3325 S.W. 7TH PLACE
CAPE CORAL, FL 33914

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/24/07
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RODRIGUEZ, JAVIER
STREET ADDRESS 3325 S.W. 7TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VD ☐ Delete
NAME RODRIGUEZ, DAISY
STREET ADDRESS 3325 S.W. 7TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE TD ☐ Delete
NAME BADELL, VLEYDIS
STREET ADDRESS 3325 S.W. 7TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800111460188
CITY-ST-ZIP 10/29/07--01064--002 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/07
Date

Daytime Phone #

10/31/07