2006 NOT-FOR-PROFIT CORPORATION ~~ANNUAL REPORT~~ Reinstatement

4/19/2006-90092-005-$61.25-$61.25

FILED
06 OCT 30 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012900

1. Entity Name
IGLESIA METODIST UNIDA LUZ Y VIDA OF ZOLFO SPRINGS, INC.

Principal Place of Business	Mailing Address
3052 SCHOOLHOUSE RD ZOLFO SPRINGS, FL 33890	P O BOX 606 ZOLFO SPRINGS, FL 33890

03142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1269267 ☐ Applied For ☐ Not Applicable

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
CORONADO, RAYMUNDO 3052 SCHOOLHOUSE RD ZOLFO SPRINGS, FL 33890	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 Raymundo Coronado
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	PD ~~CORONADO, RAYMUNDO~~ 2334 RALPH SMITH RD ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100081500791 11/03/06--01035--011 **175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FLORES, EVA 506 4TH ST ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CINTRON, MAYRA I 882 TERRIER DR ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANTELLAN, VELTA 3626 PINNY DR ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06 JC 10/31 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZQUEZ, ROSA 529 8TH ST ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENAVIDES, MAYVETT 5022 WILLOW AVE BOWLING GREEN, FL 33834	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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. (FG3)

SIGNATURE: [signature] 04/14/06 735-0390
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #