

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000012859

FILED  
Nov 17, 2009  
Secretary of State

**Entity Name:** IGLESIA PENTECOSTAL LUZ Y VERDAD INC

**Current Principal Place of Business:**

2855 ORCHID DRIVE  
HAINES CITY, FL 33845

**New Principal Place of Business:**

1718 MELBOURNE AVE. S.  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 2584  
DAVENPORT, FL 33836

**New Mailing Address:**

**FEI Number:** 20-8059640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, LILLIAN M  
50 INNCONN DR  
KISSIMMEE, FL 34759 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LILLIAN M. GARCIA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BURGOS, IVAN  
Address: 50 INNCONU DR.  
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete  
Name: ORTIZ, JENIFER  
Address: 1511 BAKER DIARY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: GARCIA, LILLIAN M  
Address: 50 INNCONU DR.  
City-St-Zip: KISSIMMEE, FL 34759

Title: S ( ) Delete  
Name: VAZQUEZ, YVETTE  
Address: 5602 LOMA VISTA CT  
City-St-Zip: DAVENPORT, FL 33896

Title: MGR ( ) Delete  
Name: VAZQUEZ, NEFTALI SR  
Address: 5602 LOMA VISTA CT  
City-St-Zip: DAVENPORT, FL 33896

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ORTIZ, JENIFER  
Address: 1811 BAKER DIARY RD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER ORTIZ

T

11/17/2009

Electronic Signature of Signing Officer or Director

Date