


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000012890 1. Entity Name IGLESIA BAUTISTA HISPANA CENTRO FAMILIAR CRISTIANO, INC.					
Principal Place of Business 12700 WEST FOREST HILL BOULEVARD WELLINGTON, FL 33414		Mailing Address SHOMA DR. 2237 ROYAL PALM BEACH, FL 33414			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 56-2643312	
City & State		City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 AM 11:43



04282009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent CARRANZA, FREDDY SHOMA DR. 2237 ROYAL PALM BEACH, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Freddie Carranza*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PS CARRANZA, FREDDY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	SHOMA DR. 2237	NAME	
STREET ADDRESS	ROYAL PALM BEACH, FL 33414	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	DIAZ, CLARA	NAME	600155555396
STREET ADDRESS	LAKEWORTH DR. 4809	STREET ADDRESS	05/06/09--01039--024 **122.50
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	LEON, CARLOTA	NAME	<i>B 5/10/09</i>
STREET ADDRESS	1859 SHADETREE WAY	STREET ADDRESS	<i>08-09</i>
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	CITY-ST-ZIP	
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	CARRANZA, DANNY ASST	NAME	REINSTATEMENT
STREET ADDRESS	SHOMA DR. 2237	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33414	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Freddie Carranza*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #