
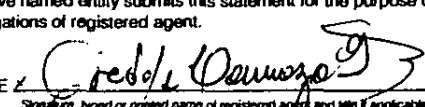
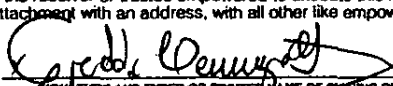


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000012890 1. Entity Name IGLESIA BAUTISTA HISPANA CENTRO FAMILIAR CRISTIANO, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAY -6 AM 11:43									
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.											
City & State Zip Country				4. FEI Number 56-2643312											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable											
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											
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(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							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10									
TITLE PS NAME CARRANZA, FREDDY <input type="checkbox"/> Delete STREET ADDRESS SHOMA DR. 2237 CITY-ST-ZIP ROYAL PALM BEACH, FL 33414						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP									
TITLE SEC NAME DIAZ, CLARA <input type="checkbox"/> Delete STREET ADDRESS LAKEWORTH DR. 4809 CITY-ST-ZIP LAKE WORTH, FL 33463						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME 600155555396 STREET ADDRESS 05/06/09--01039--024 **122.50 CITY-ST-ZIP									
TITLE TRES NAME LEON, CARLOTA <input type="checkbox"/> Delete STREET ADDRESS 1859 SHADETREE WAY CITY-ST-ZIP WEST PALM BEACH, FL 33406						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP									
TITLE SEC NAME CARRANZA, DANNY ASST <input type="checkbox"/> Delete STREET ADDRESS SHOMA DR. 2237 CITY-ST-ZIP ROYAL PALM BEACH, FL 33414						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP									
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit NAME STREET ADDRESS CITY-ST-ZIP									
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 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 changed, or on an attachment with an address, with all other like empowered.															
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>												Date		Daytime Phone #	