

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005256

FILED
Nov 08, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO "ROCA DE VIDA", INC.

Current Principal Place of Business:

308 CR 409
CENTER HILL, FL 33514

New Principal Place of Business:

Current Mailing Address:

895 CR 542 E
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 26-0244899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSA, MANUEL REV.
2962 CR 762
WEBSTER, FL 33597 US

Name and Address of New Registered Agent:

RAMOS, LUIS O REV.
895 C.R. 542 E.
BUSHNELL, FL 33513 US

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: LUIS OMAR RAMOS

11/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSA, MANUEL REV.
Address: 2962 CR 762
City-St-Zip: WEBSTER, FL 33597

Title: VP () Delete
Name: RAMOS, LUIS O REV.
Address: 895 C.R. 542 E.
City-St-Zip: BUSHNELL, FL 33513

Title: S () Delete
Name: ROSA, CARMEN M REV.
Address: 2962 CR 762
City-St-Zip: WEBSTER, FL 33597

Title: T () Delete
Name: RAMOS, SYLVIA REV.
Address: 895 C.R. 542 E.
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMOS, LUIS O REV.
Address: 895 CR 542 E
City-St-Zip: BUSHNELL, FL 33513

Title: VP (X) Change () Addition
Name: RAMOS, SYLVIA REV.
Address: 895 C.R. 542 E.
City-St-Zip: BUSHNELL, FL 33513

Title: S (X) Change () Addition
Name: FERNANDEZ, GLORIA
Address: 461 EAST CYPRESS STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: T (X) Change () Addition
Name: FERNANDEZ, NELSON R
Address: 461 EAST CYPRESS STREET
City-St-Zip: WINTER GARDEN, FL 34787

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: LUIS OMAR RAMOS

P

11/08/2009

Electronic Signature of Signing Officer or Director

Date