2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000012260

Name:

Address:

City-St-Zip:

MONTEJOS, MANUELA

11307 ORANGE BLOSSOM DR

BONITA SPRINGS, FL 34135 US

FILED Oct 08, 2008 Secretary of State

Entity Na	me: IGLESIA F	ROCA E	DE SALVACION, INC. A	VD		
Current Principal Place of Business:				New Principal Place	of Business:	
	D 41 ROAD PRINGS, FL 3	4135	US			
Current Mailing Address:				New Mailing Address:		
	ASHINGTON ST SPRINGS, FL 3		US			
FEI Number	: 26-2997459	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent	Registered Agent:	Name and Address of	of New Registered Agent:	
10932 K-9	EZA, CARLOS I DRIVE SUITE PRINGS, FL 3	C-3	US			
The above in the State	e named entity s e of Florida.	submits	this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: CARLOS					
	Electron	ic Signa	ture of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P D () NICOLAS, FERI 27650 WASHIG BONITA SPRIN	TON ST.	4135 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP D () NICOLAS, FILO 27650 WASHIG BONITA SPRIN	STON ST.	4135 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MONTEJO, LUC 11307 ORANGE BONITA SPRIN	E BLOSS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GONZALEZ, MA 11307 ORANGE BONITA SPRIN	E BLOSS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FERNANDO NICOLAS PD10/08/2008