

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004046

FILED
Nov 05, 2009
Secretary of State

Entity Name: OBRA MISIONERA BAUTISTA EN PORT SAINT LUCIE, INC

Current Principal Place of Business:

1481 SW BOUGAINVILLEA AV
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1204 S.W. DEL RIO
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1873 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

P.O. BOX 880142
PORT SAINT LUCIE, FL 34988-014

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
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:

ROBERTO, SILVA
882 SW CARMELITE ST
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

SILVA, ROBERTO
882 SW CARMELITE ST
PORT SAINT LUCIE, FL 34983 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: ROBERTO SILVA

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUILARTE, VICTOR
Address: 1873 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TR () Delete
Name: GOZALEZ, SERGIO JR
Address: 1832 SW IRLANDE AV
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: SILVA, PRISCILA
Address: 882 SW CARMELITE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVA, ROBERTO
Address: 882 SW CARMELITE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: LARRINAGA, PATRICIO
Address: 425 SW FRIAR ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

Title: T () Change (X) Addition
Name: LARRINAGA, ELIZABETH
Address: 425 SW FRIAR ST
City-St-Zip: PORT ST LUCIE, FL 34893

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: ROBERTO SILVA

P

11/05/2009

Electronic Signature of Signing Officer or Director

Date