

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

## REINSTATEMENT *04*



<b>DOCUMENT # N11566</b> 1. Entity Name <b>IGLESIA BAUTISTA DE SEBRING, INC.</b>					
Principal Place of Business <b>3825 MEMORIAL DR SEBRING, FL 33872</b>		Mailing Address <b>3925 MEMORIAL DR SEBRING, FL 33872</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBLES, JUAN A PASTOR 4825 VILABELLA DRIVE SEBRING, FL 33872</b>			Name- Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code             </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYSONET, DANIEL		NAME		
STREET ADDRESS	3726 VIOLET AVE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	RT - PASTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBLES, JUAN A		NAME		
STREET ADDRESS	3314 VALERIE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CALDERON, ARGUEL		NAME	D <b>NOEMI VAZQUEZ</b>	
STREET ADDRESS	4216 ALMERIA AVE		STREET ADDRESS	<b>1910 W. NASSAU</b>	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	<b>AVON PARK, Florida, 33925</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MITIL, ROBERTO		NAME	T <b>Julio Rodriguez</b>	
STREET ADDRESS	4606 BREAM AVE		STREET ADDRESS	<b>4252 Whiting Dr.</b>	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	<b>SEBRING, FL 33870</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, LYDIA		NAME		
STREET ADDRESS	1485 W AVON BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>x</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Juan A. Robles</b>		Date: <b>12-06-04</b> Daytime Phone #: <b>863-386-0008</b>	