

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N35546

1. Entity Name

IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PH 2:13

REINSTATEMENT 05

Principal Place of Business
136 AVENIDA DEL CLUB
CLEWISTON, FL 33440-9401

Mailing Address
136 AVENIDA DEL CLUB
CLEWISTON, FL 33440-9401

2. Principal Place of Business

136 Avenida del Club

Suite, Apt. #, etc.

3. Mailing Address

136 Avenida del Club

Suite, Apt. #, etc.

10142005 REIN-NP

CR2E099 (6/04)

City & State

Clewiston Florida

Zip
33440-9777

Country

City & State

Clewiston Florida

Zip
33440-9777

Country

4. FEI Number
65-0166067

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERON, LUIS B
9250 CR 833
CLEWISTON, FL 33440-9777

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/2005

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$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

TITLE D ☐ Delete
NAME CALDERON, LUIS B REV.
STREET ADDRESS 9250 CR ~~833~~ 833
CITY-ST-ZIP CLEWISTON, FL 334409777

TITLE O ☐ Delete
NAME CALDERON, WANDA
STREET ADDRESS 9250 CR 833
CITY-ST-ZIP CLEWISTON, FL 334409777

TITLE O ☐ Delete
NAME CRUZ, CARMEN J
STREET ADDRESS ~~THE BOX 665~~ 665 S. Riverside St.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE O ☐ Delete
NAME LOPEZ, PETRONA
STREET ADDRESS 130 PINE CONE AVE.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME CALDERON, LUIS B. REV.
STREET ADDRESS 9250 CR 833
CITY-ST-ZIP CLEWISTON, FL 33440-9777

TITLE ☐ Change ☐ Addition
NAME 100060397251
STREET ADDRESS 10/24/05--01057--027 **70.00
CITY-ST-ZIP

TITLE O ☒ Change ☐ Addition
NAME CRUZ, CARMEN J
STREET ADDRESS 665 S. RIVERSIDE ST.
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/2005