

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000001302

1. Entity Name
IGLESIA BAUTISTA HISPANA DE LAKESIDE, APOPKA,
FLORIDA, INC.



Principal Place of Business
9635 BEAR LAKE RD
APOPKA, FL 32703

Mailing Address
9635 BEAR LAKE RD
APOPKA, FL 32703

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
CORDOVES, ISRAEL
602 EGAN DR
ORLANDO, FL 32822

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 Israels DATE 9/19/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CORDOVES, ISRAEL 602 EGAN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080187579 09/25/06--01063--028 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOVES, MARIO 501 EGAN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080187579 09/25/06--01063--028 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOVES, ISRAEL JR. 602 EGAN DR ORLANDO, FL 32822 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOVES, MARTA 501 EGAN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, LUIS M 501 EGAN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOVES, ALIDA E. 602 EGAN DR ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Israels ISRAEL CORDOVES DATE 9/19/06 (407)380-0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
06 SEP 21 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 0500

4. FEI Number
59-3232024

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

K. Eckel SEP 22 2006