

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000981

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** MISION CRISTIANA BETHESDA, INC.

**Current Principal Place of Business:**

600 FT. SMITH  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6441  
DELTONA, FL 32728

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

FRANKLIN, ROMAN  
2425 PARSONS POND CIRCLE  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

MYRNA, LADOW T REV.  
609 TRADEWINDS DR.  
DELTONA, FL 32738 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: MYRNA T. LADOW

05/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TORRES, PEDRO JUAN  
Address: 1115 GALGANO AVE.  
City-St-Zip: DELTONA, FL 32725

Title: P ( ) Delete  
Name: ROMAN, FRANKLIN  
Address: 2425 PARSONS POND CIR  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: ALICK, EMILIA  
Address: 558 MENTMORE CIRCLE  
City-St-Zip: DELTONA, FL 32728

Title: T ( ) Delete  
Name: LOPEZ, GWENDOLYN C  
Address: 1116 GALGANO AVE.  
City-St-Zip: DELTONA, FL 32725

Title: S (X) Delete  
Name: ROMAN, MOGALIS  
Address: 2425 PARSONS POND CIR  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: TORRES, PEDRO J REV.  
Address: 1115 GALGANO AVE.  
City-St-Zip: DELTONA, FL 32725

Title: P (X) Change ( ) Addition  
Name: JUAN, TOLEDO REV.  
Address: 818 HAYLEY CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: S (X) Change ( ) Addition  
Name: MYRNA, LADOW  
Address: 609 TRADEWINDS DR.  
City-St-Zip: DELTONA, FL 32738

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

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

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: MYRNA T. LADOW

S

05/15/2009

Electronic Signature of Signing Officer or Director

Date