

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006365

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** CHRISTIAN FAMILY CENTER OF RIVERVIEW, INC.

**Current Principal Place of Business:**

8626 HWY 301 S.  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1221  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 68-0621949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLAZO, HECTOR  
10925 PARK DRIVE  
TAMPA, FL 33625 US

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

COLLAZO, HECTOR  
10925 PARK DRIVE  
RIVERVIEW, FL 33569 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: HECTOR COLLAZO

03/16/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLAZO, HECTOR  
Address: 10925 PARK DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: TOVAR, MIGUEL A  
Address: 13402 LARRA WAY  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: GONZALO, TORRES  
Address: 13005 WHITNELL WAY  
City-St-Zip: RIVERVIEW, FL 33569

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

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

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

Title: D (X) Change ( ) Addition  
Name: CRUZ, RUTH M  
Address: 908 NINA ELIZABETH CIR. #102  
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HECTOR COLLAZO

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date