2008 NOT-FOR-PROFIT CORPOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N97000000569 PRIMERA IGLESIA BAUTISTA DE LONGWOOD, INC. 08 DEC 19 PM 3: 14 Principal Place of Business Mailing Address 891 SR 434 EAST 891 SR 434 EAST LONGWOOD, FL 32750-5306 LONGWOOD, FL 32750-5306 2. Principal Place of Susiness - No P.O. Box # 3. Mailing Address 11 REINSTATEMENT. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number NOT APPLICABLE City & State City & State Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINCZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) CRUZ, ROBERTO 3729 SHAWN CIRCLE ORLANDO, FL 32826 1028 50NLD Zip Code 3.2765 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 acent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D TITLE 7 range ☐ Addition TITLE Delete CRUZ, ROBERTO NAME NAME 3729 SHAWN CR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32826 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MARTINCZ ANTONIO. P.D Change Addition TITLE 1028 BOULD PL. BARTAZAR DAVID 3520 TABB DRIVE STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-7IP CITY-ST-ZIP DELTONA, FL 32738 300138415123 12/03/08--01041--006 **23 ☐ Addition ☐ Delete TITLE TITLE ZOUAIN, ADALGISA NAME 667 WEY BRIDGE CT STREET ADDRES STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32740 CITY-ST-ZIP Change Addition ☐ Delete 300138415ī23 12/03/08--01041--007 **8. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 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.

Daytime Phone #