

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -1 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001440

1. Entity Name  
PRIMERA IGLESIA HISPANA DE LA ALIANZA CRISTIANA  
Y MISIONERA, INC.



Principal Place of Business  
3800 LAKE UNDERHILL  
ORLANDO, FL 32803

Mailing Address  
3800 LAKE UNDERHILL  
ORLANDO, FL 32803

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312006 REIN-NP CR2E099 (11/05)

City & State

City & State

4. FEI Number  
59-3434468

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICENS, DANTE  
1313 KINGSTON AVE.  
ORLANDO, FL 32807

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

FILE NOW!!! FEE IS \$236.25  
After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	VICENS, DANTE	
STREET ADDRESS	1313 KINGSTON AVE	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIGUER, JOSE I	
STREET ADDRESS	1917 WESTFALL DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ERNESTINA, RICARD	
STREET ADDRESS	11208 DACRE LANE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICENS, DANTE	
STREET ADDRESS	1313 KINGSTON AVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, JOSE I	
STREET ADDRESS	1917 WESTFALL DR	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ERNESTINA, RICARD	
STREET ADDRESS	11208 DACRE LANE	
CITY-ST-ZIP	ORLANDO, FL 32824	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMON H RODRIGUEZ	
STREET ADDRESS	166 GREENWICH ST	
CITY-ST-ZIP	DAVENPORT FL 33896	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANETTE TORRES	
STREET ADDRESS	121 RESERVE CIR	
CITY-ST-ZIP	OVIENDO FL 32765	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIO QUISPE	
STREET ADDRESS	7715 HARBOR BOND CIR	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH VELAZ	
STREET ADDRESS	1503 NEW BRIDGE LAKE LN	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000082214240	
STREET ADDRESS	12/01/06--01056--009 **245.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #