## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N97000001863

FILED Oct 09, 2005 Secretary of State

Entity Name: EL ENCUENTRO OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1908 NORTH LINCOLN AVE. TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 1908 NORTH LINCOLN AVE. P. O. BOX 152961 TAMPA, FL 33607 TAMPA, FL 33684 FEI Number: 59-3442978 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: DUQUE, JOSE L 3307 W. CHESTNUT STREET TAMPA, FL 33607 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: JOSE L. DUQUE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DUQUE, JOSE L Name: Name: 3307 W CHESTNUT STREET Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: DTU Title: () Delete () Change () Addition Name: BRON, ALEX Name: Address: 3812 W KIMBALL DR Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ORTIZ, WALDIER Name: ORTIZ, WALDIR Name: 112646 LONGCREST DR 112646 LONGCREST DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: ( ) Delete Title: (X) Change ( ) Addition FIGUEREO, JUAN JOSE Name: Name: DISHMEY, PAUL 2405 E ANNIE STREET 1749 OPEN FIELD LOOP Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: BRANDON, FL 33511 Title: DC () Delete Title: () Change () Addition PABON, RAMON Name: Name: 3107 KATHLEEN STREET Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip:

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: JOSE L. DUQUE PD 10/09/2005