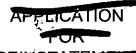
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FORID DEPARAMENT OF CALL REPORT OF CORPORATIONS

DOCUMENT # N98000002044

1. Corporation Name

IGLESIA PENTECOSTAL JESUS DE NAZARENO, INC.

Principal Place of Business

Mailing Address

4307 SKYLINE BOULEVARD CAPE CORAL FL 33914 4307 SKYLINE BOULEVARD CAPE CORAL FL 33914 FILED 00 SEP 11 AH 8:55

SECRETARY OF STATE TALLAHASSEE FLORIDA



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			Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/08/1998		
Suite, Apt. #, etc. Suite, A			#, etc.			5 FFI Number Applied For		
City & State		City & State	City & State			EIN :65-0825315 Not Applicable		
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 6 \$8.75 Additional Fee required for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip	
PTD	TORRES, GERMAN	513 S.W. 28TH STREET			`	CAPE CORAL FL 33914		
VPD	TORRES, MARIA	513 S.W. 28TH STREET				CAPE CORAL FL 33914		
SD	RUEDA, GHISLAINE	4018 S.E. 15TH PLACE				CAPE CORAL FL 33914		
						30	00034049 -09/26/00010 -/****122.50	731 080009 ****122.50
	8. Name and Address of (	Current Registered Age	int=		^*	9. Name and	   Address of New Registered Age	ent
TORRES, GERMAN 4307 SKYLINE BOULEVARD CAPE CORAL FL 33914				Name  FISY NOTIEMY BENIT  Street Address (P.O. Box Number is Not Acceptable)  5410 Bayshore ave Cape (oral  Suite, Apt. #, Etc.  City  Cape  Ora  State Zip Co  FL 3			zip Code 33904	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date 11-10-99								
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								

SIGNATUR

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.10-29 (941) 772 - 897