

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N98000005497

**FILED**  
**Oct 25, 2004**  
**Secretary of State****Entity Name:** IGLESIA PENTECOSTAL GETSEMANI, INC.**Current Principal Place of Business:**765 S. APOLLO BLVD.  
MELBOURNE, FL 32901**New Principal Place of Business:**720 E. FEE AVE.  
MELBOURNE, FL 32901 US**Current Mailing Address:**P.O. BOX 100653  
PALM BAY, FL 32910**New Mailing Address:**P.O. BOX 100653  
PALM BAY, FL 32910 US**FEI Number:** 59-3544455 **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:**VIDAL, SAMUEL  
198 RACHEL ST #4  
MELBOURNE, FL 32901 US**Name and Address of New Registered Agent:**VIDAL, SAMUEL V  
198 RACHEL ST #4  
MELBOURNE, FL 32901 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: SAMUEL V. VIDAL

10/25/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VP ( ) Delete  
**Name:** VIDAL, JENNY  
**Address:** PO BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** T ( ) Delete  
**Name:** NEGRON, ROBERTO  
**Address:** PO BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** S ( ) Delete  
**Name:** ROSADO, LUIS A  
**Address:** P.O. BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** P ( ) Delete  
**Name:** VIDAL, SAMUEL JR  
**Address:** P.O. BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** D ( ) Delete  
**Name:** FLORES, ROSENDO  
**Address:** P.O. BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** D ( ) Delete  
**Name:** VIDAL, HAYDEE  
**Address:** P.O. BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** S (X) Change ( ) Addition  
**Name:** SOTO, ANGELA  
**Address:** P.O. BOX 100653  
**City-St-Zip:** PALM BAY, FL 32910**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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: SAMUEL VIDAL JR.

P

10/25/2004

Electronic Signature of Signing Officer or Director

Date