

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005878

FILED
Aug 24, 2005
Secretary of State

Entity Name: TEMPLO FILADELFIA, INC.

Current Principal Place of Business:

SR 674 E & 4TH STREET
WIMAUMA, FL 33598

New Principal Place of Business:

5730 SR 674
WIMAUMA, FL 33598

Current Mailing Address:

P O BOX 1038
WIMAUMA, FL 33598

New Mailing Address:

FEI Number: 59-3602779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

VELAZQUEZ, NEEMIAS
SR 674 E & 4TH STREET
WIMAUMA, FL 33598 US

Name and Address of New Registered Agent:

VELAZQUEZ, NEEMIAS
5730 SR 674 #C
WIMAUMA, FL 33598 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: VELAZQUEZ NEEMIAS

08/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VELAZQUEZ, NEEMIAS
Address: P O BOX 1038
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: TREVINO, EVARISTO
Address: P O BOX 5153
City-St-Zip: WIMAUMA, FL 33571

Title: D () Delete
Name: VEGA, TEODORO
Address: P O BOX 1173
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Delete
Name: VELOZ, JAIME
Address: P O BOX 644
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Delete
Name: LARA, GUADALUPE R
Address: P O BOX 1223
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Delete
Name: RESENDEZ, LEANDRO
Address: 3493 SHADY BROOK DR
City-St-Zip: NORTH MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VELAZQUEZ, NEEMIAS
Address: 5730 SR 674 #C
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Change () Addition
Name: TREVINO, EVARISTO
Address: 5518 9TH ST
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Change () Addition
Name: LARA, GUADALUPE R
Address: 9023 HWY 674
City-St-Zip: WIMAUMA, FL 33598

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: NEEMIAS VELAZQUEZ

D

08/24/2005

Electronic Signature of Signing Officer or Director

Date