

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010273

1. Entity Name

CENTRO CRISTIANO DIOS DE PACTOS, INC.



Principal Place of Business

155 OWENSHIRE CIRCLE  
KISSIMMEE, FL 34744

Mailing Address

155 OWENSHIRE CIRCLE  
KISSIMMEE, FL 34744

**FILED**

**Jun 16, 2008 08:00 AM**  
**Secretary of State**



03012008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
20-3333640

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ARIAS, WALTER  
155 OWENSHIRE CIRCLE  
KISSIMMEE, FL 34744

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ARIAS, WALTER
STREET ADDRESS	155 OWENSHIRE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	O
NAME	ARIAS, MARYBELL
STREET ADDRESS	155 OWENSHIRE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	O
NAME	GONZALEZ, JHON
STREET ADDRESS	2414 RUDDENSTONE WAY
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000953176  
06/16/08-80002-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #

3/1/08