

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001037

FILED  
Feb 03, 2008  
Secretary of State

**Entity Name:** CENTRO RESTAURACION EMMANUEL ASAMBLEAS DE DIOS INC.

**Current Principal Place of Business:**

654 19TH ST.  
ST CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 701575  
ST. CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 83-0438744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, NORA REV  
140 FLORIDA PKWY  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, NORA REV.  
Address: 140 FLORIDA PKWY  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete  
Name: SANTIAGO, ELIZABETH  
Address: 3470 HOME TOWN LN  
City-St-Zip: ST CLOUD, FL 34769

Title: S ( ) Delete  
Name: ROSARIO, IRMA  
Address: 141 MERIDA DR.  
City-St-Zip: KISSIMMEE, FL 34743

Title: T ( ) Delete  
Name: MORAN, WANDA  
Address: 2400 ASHCROFT DR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: TR ( ) Delete  
Name: RODRIGUEZ, ELZA  
Address: 2122 #101 WALDEN PARK  
City-St-Zip: KISSIMMEE, FL 34744

Title: TR ( ) Delete  
Name: MALDONADO, RAFAEL  
Address: 141 MERIDA DR.  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FIGUEROA, DORIS  
Address: 2460 DEER CREEK BLVD.  
City-St-Zip: ST CLOUD, FL 34772

Title: S (X) Change ( ) Addition  
Name: MORELL, DORIS  
Address: 3301 WHISTELING TR.  
City-St-Zip: ST CLOUD, FL 34772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: ROSARIO, IRMA  
Address: 2140 WALDEN PARK #204  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REV. NORA LOPEZ

P

02/03/2008

Electronic Signature of Signing Officer or Director

Date