

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009874

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: CENTRO CRISTIANO LUZ Y VIDA, INC.

## Current Principal Place of Business:

11209 ARROWTREE BLVD.  
CLERMONT, FL 34715 US

## New Principal Place of Business:

## Current Mailing Address:

11209 ARROWTREE BLVD.  
CLERMONT, FL 34715 US

## New Mailing Address:

FEI Number: 20-5573038      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:

CENTRAL FLORIDA FINANCIAL SERVICES, LLC  
%DAVID OLIVENCIA, ACCOUNTANT  
2616 PEEL AVE  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

LDL ACCOUTANTS & ASSOCIATES, CPA, LLC  
%DAVID OLIVENCIA, ACCOUNTANT  
2616 PEEL AVE  
ORLANDO, FL 32806 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: DAVID OLIVENCIA

07/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PINO, JOEL M  
Address: 11209 ARROWTREE BLVD.  
City-St-Zip: CLERMONT, FL 34715 US

Title: VP ( ) Delete  
Name: PINO, SHARON A  
Address: 11209 ARROWTREE BLVD.  
City-St-Zip: CLERMONT, FL 34715 US

Title: T ( ) Delete  
Name: POSADA, MARIBEL  
Address: 1682 GRANDEFLORA AVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: S ( ) Delete  
Name: REYES, MARIANA  
Address: 1682 GRANDEFLORA AVE  
City-St-Zip: CLERMONT, FL 34711 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOEL PINO

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

Date