

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011246

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** CENTRO CRISTIANO FRUTO DE LA VID, CENTRO DE RESTAURACION FAMILIAR POINCIANA, INC.

**Current Principal Place of Business:**

811 DEL PRADO DR.  
POINCIANA, FL 34759

**New Principal Place of Business:**

951 CAMBRIDGE CT  
KISSIMMEE, FL 34758

**Current Mailing Address:**

2373 NORTH CENTRAL AVENUE #D-339  
KISSIMMEE, FL 34741

**New Mailing Address:**

951 CAMBRIDGE CT  
KISSIMMEE, FL 34758

FEI Number: 20-5814816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LOZADA MEDINA, PEDRO I  
811 DEL PRADO DR.  
POINCIANA, FL 34759 US

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

LOZADA MEDINA, PEDRO I  
951 CAMBRIDGE CT  
KISSIMMEE, FL 34758 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: PEDRO I. LOZADA

04/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOZADA MEDINA, PEDRO I  
Address: 811 DEL PRADO DR.  
City-St-Zip: POINCIANA, FL 34759

Title: VD ( ) Delete  
Name: DIAZ DELGADO, MARIA V  
Address: 811 DEL PRADO DR.  
City-St-Zip: POINCIANA, FL 34759

Title: SD ( ) Delete  
Name: FONTANEZ, NYDIA M  
Address: 811 DEL PRADO DR.  
City-St-Zip: POINCIANA, FL 34759

Title: TD ( ) Delete  
Name: CRUZ, OLGA D  
Address: 811 DEL PRADO DR.  
City-St-Zip: POINCIANA, FL 34759

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

Title: PD (X) Change ( ) Addition  
Name: LOZADA MEDINA, PEDRO I  
Address: 951 CAMBRIDGE CT  
City-St-Zip: KISSIMMEE, FL 34758

Title: VD (X) Change ( ) Addition  
Name: DIAZ DELGADO, MARIA V  
Address: 951 CAMBRIDGE CT  
City-St-Zip: KISSIMMEE, FL 34758

Title: SD (X) Change ( ) Addition  
Name: FONTANEZ, NYDIA M  
Address: 951 CAMBRIDGE CT  
City-St-Zip: KISSIMMEE, FL 34758

Title: TD (X) Change ( ) Addition  
Name: CRUZ, OLGA D  
Address: 951 CAMBRIDGE CT  
City-St-Zip: KISSIMMEE, FL 34758

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: PEDRO I. LOZADA

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date