

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011246

FILED
Apr 01, 2009
Secretary of State

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

Current Principal Place of Business:

1003 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1003 SOUTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Mailing Address:

P. O. BOX 580208
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
951 CAMBRIDGE CT
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

LOZADA MEDINA, PEDRO I
811 DEL PRADO DRIVE
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

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOZADA MEDINA, PEDRO I
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: VD (X) Change () Addition
Name: DIAZ DELGADO, MARIA V
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: SD (X) Change () Addition
Name: FONTANEZ, NYDIA M
Address: P. O. BOX 580208
City-St-Zip: KISSIMMEE, FL 34758

Title: TD (X) Change () Addition
Name: CRUZ, OLGA D
Address: P. O. BOX 580208
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

04/01/2009

Electronic Signature of Signing Officer or Director

Date