## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19645

Entity Name: LA FIESTA DEL FLORIDA, INC.

FILED Jul 16, 2008 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

230 E PARK AVE LAKE WALES, FL 33853

Current Mailing Address: New Mailing Address:

PO BOX 3631

LAKE WALES, FL 338593631

FEI Number: 59-2966988 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: Name and Address of New Registered Agent:

TOMMY, PHILLIPS AUSTIN, PAMELA J

1385 SHERIDAN ST SW 265 DAISY ESTATES DRIVE WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33884 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: PAMELA J AUSTIN 07/16/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P/D ( ) Delete Title: CO-P (X) Change ( ) Addition

 Name:
 PHILLIPS, TOMMY H
 Name:
 EBERLE, JEANNETTE

 Address:
 1385 SHERIDAN ST SW
 Address:
 PO BOX 848

 City-St-Zip:
 WINTER HAVEN, FL 33880
 City-St-Zip:
 DUNDEE, FL 33838

Title: VP ( ) Delete Title: CO-P (X) Change ( ) Addition

 Name:
 CYPHENS, PIA
 Name:
 AUSTIN, PAMELA J

 Address:
 4832 RALEIGH PASS
 Address:
 265 DAISY ESTATES DRIVE

 City-St-Zip:
 LAKE WALES, FL 33859
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: T ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 JASON, PENROD
 Name:
 CYPHERS, PIA

 Address:
 2203 COUNTRY CLUB DR
 Address:
 4832 RALEIGH PASS

 City-St-Zip:
 LAKE WALES, FL 33898
 City-St-Zip:
 LAKE WALES, FL 33859

Title: S ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 MAGGIE, YOUNG EMMETT
 Name:
 PERDUE, BETTY

 Address:
 858 HILLSIDE AVE
 Address:
 2624 FAIRWAY CT

 City-St-Zip:
 LAKE WALES, FL 33859
 City-St-Zip:
 LAKE WALES, FL 33898

Title: JAD () Delete Title: S (X) Change () Addition

 Name:
 BARKER, WALLACE B
 Name:
 EMMETT-YOUNG, MAGGIE

 Address:
 208 RIDGE MANOR DR
 Address:
 858 HILLSIDE AVE

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 LAKE WALES, FL 33859

Title: ( ) Delete Title: JAD ( ) Change (X) Addition

 Name:
 Name:
 BARKER, WALLACE B

 Address:
 Address:
 208 RIDGE MANOR DR

 City-St-Zip:
 City-St-Zip:
 LAKE WALES, FL 33853

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: PAMELA J AUSTIN CO-P 07/16/2008