

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19645

FILED
Mar 30, 2009
Secretary of State

Entity Name: LA FIESTA DEL FLORIDA, INC.

Current Principal Place of Business:

230 E PARK AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

PO BOX 3631
LAKE WALES, FL 338593631

New Mailing Address:

FEI Number: 59-2966988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, PAMELA J
265 DAISY ESTATES DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

EBERLE, JEANNETTE J
959 NORTH HERON CIRCLE
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: JEANNETTE EBERLE

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CO-P () Delete
Name: EBERLE, JEANNETTE
Address: PO BOX 848
City-St-Zip: DUNDEE, FL 33838

Title: CO-P () Delete
Name: AUSTIN, PAMELA J
Address: 265 DAISY ESTATES DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: CYPHERS, PIA
Address: 4832 RALEIGH PASS
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: PERDUE, BETTY
Address: 2624 FAIRWAY CT
City-St-Zip: LAKE WALES, FL 33898

Title: S (X) Delete
Name: EMMETT-YOUNG, MAGGIE
Address: 858 HILLSIDE AVE
City-St-Zip: LAKE WALES, FL 33859

Title: JAD () Delete
Name: BARKER, WALLACE B
Address: 208 RIDGE MANOR DR
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EBERLE, JEANNETTE
Address: PO BOX 848
City-St-Zip: DUNDEE, FL 33838

Title: SECR (X) Change () Addition
Name: EMMETT-YOUNG, MAGGIE
Address: 858 HILLSIDE AVE
City-St-Zip: LAKE WALES, FL 33859

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: JEANNETTE EBERLE

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date