

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:54

DOCUMENT # 709687 (8)

1. Corporation Name

REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BARBARA MAINSTER  
219 NORTH FIRST ST.  
IMMOKALEE FL 33934  
US

C/O BARBARA MAINSTER  
219 NORTH FIRST ST.  
IMMOKALEE FL 33934  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1965	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1221966	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAINSTER, BARBARA  
219 NORTH FIRST ST.  
IMMOKALEE FL 33934

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORN, GEORGE F.	1.2 NAME	Berrien, Deacon James
STREET ADDRESS	4401 E. COLONIAL	1.3 STREET ADDRESS	P.O. Box 215 V/A
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Wimauma, FL
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISSEL, DOROTHY	2.2 NAME	
STREET ADDRESS	5842 S.W. 144 CR PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVAN, EDUARDO	3.2 NAME	
STREET ADDRESS	P. O. BOX 1032 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINSTER, BARBARA	4.2 NAME	
STREET ADDRESS	219 N. FIRST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MYRA	5.2 NAME	
STREET ADDRESS	4301 GULFSHORE BLVD., N., #401	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, GARY	6.2 NAME	
STREET ADDRESS	601 E MAIN	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Mainster Barbara Mainster 1/26/95 (813) 657-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

### BOARD MEMBER LIST

NAME	ADDRESS
Ms. Barbara Mainster	Executive Director RCMA 219 North First Street
Mr. George F. Sorn	4530 Fontana Street Orlando, Florida 32807
Ms. Dorothy Cissel	5842 SW 144 Circle Place Miami, Florida 33183
Deacon James Berrien	P. O. Box 215 Wimauma, Florida 33598
Mr. Gary Bates	P. O. Box 853 Immokalee, Florida 33934
Mr. John Dinkel	MacFarlane & Ferguson P. O. Box 1531 Tampa, Florida 33601
Mr. Feliciano Ramirez	201 West Burleigh Blvd. Tavares, Florida 32778
Mr. Frank Campano	Migrant Summer Institute 408 West Chipman Street Plant City, Florida 33566
Mr. William H. Krome	P. O. Box 900596 Homestead, Florida 33033
Mr. Phillip Jordan	1216 W. State Street Avon Park, Florida 33825
Ms. Irma Ponce	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526
Ms. Yolanda Lopez	707 W. C. Owens Clewiston, Florida 33440
Ms. Pauline Lewis	1131 Cactus Avenue Moore Haven, Florida 33471
Father Hugh Duffy	Sacred Heart Catholic Church 701 SW 6th Street Okeechobee, Florida 34974
Mrs. Myra Shapiro	4301 Gulfshore Blvd., N, #401 Naples, Florida 33940
Mr. Eduardo Galvan	Job Service P. O. Box 1032 Immokalee, Florida 33934
Ms. Jackie Slatkow	3643 NW 24th Way Boca Raton, Florida 33431
Mr. Jim Cummings	St. Lucie Co. Extension Office 8400 Picos Road, Suite 101 Fl. Pierce, Florida 34945
Mr. Fernando Pro	20310 SW 106th Avenue Miami, Florida 33189
Ms. Dora Garza	16160 SW 305th Terrace Homestead, Florida 33033-4238
Ms. Willie Mae Appling	1410 Cleveland Avenue Palatka, Florida 32177-5511

Mr. Fred Thomas	Collier Co. Housing Authority 1800 Farmworker Way Immokalee, Florida 33934
Ms. Andrew Luther	1111 Rainbow Drive Arcadia, Florida 33821
Mr. Ron Melancon	Executive Director, Health Resource Alliance of Pasco Co. 1110 Fort King Road Dade City, Florida 33525
Representative Keith Arnold	P. O. Box 2860 Ft. Myers, Florida 33902
Mr. Felix Valle	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526
Ms. Alicia Garcia	c/o RCMA Pasco County Office 30435-3 Commerce Drive San Antonio, Florida 33576
Mr. Vincente Mejia	c/o RCMA Ruskin Office 301 Highway 41, South Ruskin, Florida 33570
Ms. Mirthala Villarreal	c/o RCMA Zellwood CDC P. O. Box 728 Zellwood, Florida 32798
Ms. Yolanda Quintana	c/o RCMA Immokalee CDC 219 North First Street Immokalee, Florida 33934
Ms. Claudia Valdez	11275 Acme Dairy Road Boynton Beach, Florida 33432
Ms. Mary Jane Cimmino	Route 2, Box 7 Zolfo Springs, Florida 33890
Mr. Charlie Lambry	175 North Greenstar Avenue Pahokee, Florida 33476
Mr. Miguel Angel De La Cruz	441 Windermere Drive Lakeland, Florida 33809
Mr. Patrick Leary	Sun Ag, Inc. 7735 County Road 512 Fellsmere, Florida 32948-7803

11/15/94