

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **709687** (8)  
1. Corporation Name  
**REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**



Principal Place of Business: **C/O BARBARA MAINSTER, 219 NORTH FIRST ST., IMMOLAKEE FL 33934, US**  
Mailing Address: **C/O BARBARA MAINSTER, 219 NORTH FIRST ST., IMMOLAKEE FL 33934, US**

3. Date Incorporated or Qualified: **10/01/1965**  
3a. Date of Last Report: **02/01/1995**  
4. FEI Number: **59-1221966**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 402 W. Main Street**  
2a. Mailing Address: **26 402 W. Main Street**  
22. Suite, Apt. #, etc.:  
23. City & State:  
24. Zip: **25** Country:  
27. Suite, Apt. #, etc.:  
28. City & State:  
29. Zip: **30** Country:

9. Name and Address of Current Registered Agent: **MAINSTER, BARBARA, 219 NORTH FIRST ST., IMMOKALEE FL 33934**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **402 W. Main Street**  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" 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
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Wimauma, FL
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINSTER, BARBARA	4.2 NAME	
STREET ADDRESS	219 N. FIRST ST.	4.3 STREET ADDRESS	402 W. Main Street
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, MYRA	5.2 NAME	
STREET ADDRESS	4301 GULF SHORE BLVD., N., #401	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	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 119.07(3)(k), 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 617, 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** 1/22/96 (941) 657-3135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Redlands Christian Migrant Association  
 State Board of Directors  
 1994-1996

NAME	ADDRESS	SALUTATION
Ms. Barbara Mainster	Executive Director RCMA 219 North First Street	Barbara,
Mr. George F. Sorn	4530 Fontana Street Orlando, Florida 32807	George,
Ms. Dorothy Cissel	5842 SW 144 Circle Place Miami, Florida 33183	Dorothy,
Deacon James Berrien	P. O. Box 215 Wimauma, Florida 33598	Deacon:
Mr. John Dinkel	MacFarlane & Ferguson P. O. Box 1531 Tampa, Florida 33601	John,
Mr. Feliciano Ramirez	201 West Burleigh Blvd. Tavares, Florida 32778	Felix,
Mr. Frank Campano	Migrant Summer Institute 408 West Chipman Street Plant City, Florida 33566	Frank,
Mr. William H. Krome	P. O. Box 900596 Homestead, Florida 33033	Bill,
Ms. Irma Ponce	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526	Irma,
Ms. Annie Lyons	c/o Harlem Academy P. O. Box 908 Clewiston, Florida 33440	Annie,
Ms. Mary Prewitt	c/o Sebring Child Dev. Center 1115 Highway 27, North Sebring, Florida 33870	Mary,
Father Hugh Duffy	Sacred Heart Catholic Church 701 SW 6th Street Okeechobee, Florida 34974	Father,
Mrs. Myra Shapiro	4301 Gulfshore Blvd., N, #401 Naples, Florida 33940	Myra,
Mr. Eduardo Galvan	P. O. Box 1032 Immokalee, Florida 33934	Ed,

Ms. Jackie Slatkow	948 Fern Drive Delray Beach, Florida 33483	Jackie,
Mr. Fernando Pro	20310 SW 106th Avenue Miami, Florida 33189	Chappy,
Ms. Dora Garza	16160 SW 305th Terrace Homestead, Florida 33033-4238	Dora,
Ms. Willie Mae Appling	1410 Cleveland Avenue Palatka, Florida 32177-5511	Willie Mae,
Mr. Fred Thomas	Collier Co. Housing Authority 1800 Farmworker Way Immokalee, Florida 33934	Fred,
Ms. Melanie Walkington	c/o Fred Dennis CDC 320 North Ninth Avenue Wauchula, Florida 33873	Melanie,
Mr. Ron Melancon	Executive Director, Health Resource Alliance of Pasco Co. P. O. Box 2305 Dade City, Florida 33526	Ron,
Representative Keith Arnold	P. O. Box 2860 Ft. Myers, Florida 33902	Keith,
Mr. Felix Valle	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526	Felix,
Mr. Vincente Mejia	c/o RCMA Ruskin Office 301 Highway 41, South Ruskin, Florida 33570	Vincente,
Mr. Marino Vilano	c/o RCMA FWV A CDC 402 West Main Street Immokalee, Florida 33934	Marino,
Ms. Yolanda Quintana	c/o RCMA Immokalee CDC 219 North First Street Immokalee, Florida 33934	Yolanda,
Ms. Claudia Valdez	11275 Acme Dairy Road Boynton Beach, Florida 33432	Claudia,
Ms. Mary Jane Cimmino	Route 2, Box 7 Zolfo Springs, Florida 33890	Mary Jane,
Mr. Charlie Lambry	175 North Greenstar Avenue Pahokee, Florida 33476	Charlie,

Mr. Miguel De La Cruz	441 Windermere Drive Lakeland, Florida 33809	Miguel,
Mr. Patrick Leary	Sun Ag, Inc. 7735 County Road 512 Fellsmere, Florida 32948-7803	Patrick,
Ms. Weeda Mae Williams	1344 SW Harlem Circle Arcadia, Florida 33821	Weeda,
Mr. Raul Ruiz	c/o RCMA LaBelle CDC P. O. Box 2237 LaBelle, Florida 33935	Raul,
Mr. Julio Arevelo	c/o RCMA Plant City Office P. O. Box 1567 Plant City, Florida 33564	Julio,
Mr. Carmello Reyes	94 Fornc Lane Lakeworth, Florida 33461	Carmello,