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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

402 W MAIN STREET  
IMMOLAKEE FL 33934  
US

402 W MAIN STREET  
IMMOLAKEE FL 34142-3933  
US

3. Date Incorporated or Qualified  
10/01/1965

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34142-3933

25 Country

29 Zip

30 Country

4. FEI Number  
59-1221966

Applied For  
Not Applicable

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

9. Name and Address of Current Registered Agent

MAINSTER, BARBARA  
402 W MAIN STREET  
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL 34142-3933

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

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	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORN, GEORGE F.	1.2 NAME	
STREET ADDRESS	4401 E. COLONIAL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINSTER, BARBARA	4.2 NAME	
STREET ADDRESS	402 W MAIN STREET	4.3 STREET ADDRESS	
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 GULFSHORE BLVD., N., #401	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIEN, DEACON J	6.2 NAME	
STREET ADDRESS	P O BOX 215	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINAUMA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George F. Sorn* George F. Sorn 1-9-97 (407) 277-2951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080605

CR2E037 (9/96)

Rec_Num	NAME	ADDRESS	SALUTATION
1	Ms. Barbara Mainster	Executive Director RCMA 402 West Main Street Immokalee, Florida 33934	Barbara,
2	Mr. George F. Sorn	4530 Fontana Street Orlando, Florida 32807	George,
3	Ms. Dorothy Cissel	5842 SW 144 Circle Place Miami, Florida 33183	Dorothy,
4	Deacon James Berrien	P. O. Box 215 Wimauma, Florida 33598	Deacon:
5	Mr. John Dinkel	MacFarlane & Ferguson P. O. Box 1531 Tampa, Florida 33601	John,
6	Mr. Feliciano Ramirez	201 West Burleigh Blvd. Tavares, Florida 32778	Felix,
7	Mr. Frank Campano	Migrant Summer Institute 408 West Chipman Street Plant City, Florida 33566	Frank,
8	Ms. Medora Alleman	P. O. Box 900596 Homestead, Florida 33033	Medora,
9	Ms. Annie Lyons	410 East Trinidad Avenue Clewiston, Florida 33440	Annie,
10	Mrs. Myra Shapiro	4301 Gulfshore Blvd., N, #401 Naples, Florida 33940	Myra,
11	Mr. Eduardo Galvan	P. O. Box 1032 Immokalee, Florida 33934	Ed,
12	Ms. Jackie Slatkow	948 Fern Drive Delray Beach, Florida 33483	Jackie,
13	Mr. Fernando Pro	20310 SW 106th Avenue Miami, Florida 33189	Chappy,
14	Ms. Willie Mae Appling	1410 Cleveland Avenue Palatka, Florida 32177-5511	Willie Mae,
15	Mr. Fred Thomas	Collier Co. Housing Authority 1800 Farmworker Way Immokalee, Florida 33934	Fred,
16	Mr. Ron Melancon	Executive Director, Health Resource Alliance of Pasco Co. P. O. Box 2305 Dade City, Florida 33526	Ron,
17	Representative Keith Arnold	P. O. Box 2860 Ft. Myers, Florida 33902	Keith,
18	Mr. Felix Valle	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526	Felix,
19	Ms. Adelina Alvarado	c/o RCMA Palmetto MHS 1415 29th Street, East Palmetto, Florida 34221	Adelina,
20	Ms. Claudia Valdez	11275 Acme Dairy Road Boynton Beach, Florida 33432	Claudia,
21	Mr. Charlie Lambry	175 North Greenstar Avenue Pahokee, Florida 33476	Charlie,

22	Mr. Miguel De La Cruz	441 Windermere Drive Lakeland, Florida 33809	Miguel,
23	Mr. Patrick Leary	Sun Ag, Inc. 7735 County Road 512 Fellsmere, Florida 32948-7803	Patrick,
24	Ms. Weeda Mae Williams	1344 SW Harlem Circle Arcadia, Florida 33821	Weeda,
25	Mr. Carmello Reyes	94 Fornc Lane Lakeworth, Florida 33461	Carmello,
26	Ms. Molly Humes	1st Vice President Sun Trust, Inc. 200 S. Orange Avenue MC 0-1107 Orlando, Florida 32801	Molly,
27	Mr. Richard Pringle	Strayhorn & Strayhorn P. O. Box 128 Ft. Myers, Florida 33905	Richard,
28	Ms. Milli Ayala	Work Force Council of Southwest Florida P. O. Box 596 Clewiston, Florida 33440	Milli,
29	Ms. Diana Montanez	WIC Program, Manatee Co. 410 6th Avenue, East Bradenton, Florida 34202	Diana,
30	Ms. Tina Grice	309 N. Rust Avenue, #45 Wauchula, Florida 33873	Tina,
31	Ms. Tawana Davis	P. O. Box 174 Moore Haven, Florida 33471	Tawana,
32	Ms. Sandra Williams	P. O. Box 2243 Lake Placid, Florida 33862	Sandra,

1/7/97 (board)