

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709687 (8)**  
 1. Corporation Name  
**REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
402 W MAIN STREET IMMOLAKEE FL 34142-3933 US	402 W MAIN STREET IMMOLAKEE FL 33934 US

3. Date Incorporated or Qualified	10/01/1965
4. FEI Number	59-1221966
Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 34142-3933

**9. Name and Address of Current Registered Agent**

**MAINSTER, BARBARA**  
 402 W MAIN STREET  
 IMMOKALEE FL 34142

**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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SORN, GEORGE F.	
STREET ADDRESS	4401 E. COLONIAL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CISSEL, DOROTHY	
STREET ADDRESS	5842 S.W. 144 CR PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GALVAN, EDUARDO	
STREET ADDRESS	P. O. BOX 1032 N/A	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAINSTER, BARBARA	
STREET ADDRESS	402 W MAIN STREET	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MYRA	
STREET ADDRESS	4301 GULFSHORE BLVD., N., #401	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERRIEN, DEACON J	
STREET ADDRESS	P O BOX 215	
CITY-ST-ZIP	WINAUMA FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* **SIGNATURE REQUIRED** George F. Sorn 1/12/98 (407)277-2951

CR2E037 (10/97)

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. Betty Sue Sims	c/o RCMA LaBelle II 551 Cowboy Way LaBelle, Florida 33935	Betty Sue,
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	Mr. Fred Thomas	Collier Co. Housing Authority 1800 Farmworker Way Immokalee, Florida 33934	Fred,
15	Mr. Ron Melancon	Executive Director, Health Resource Alliance of Pasco Co. P. O. Box 2305 Dade City, Florida 33526	Ron,
16	Representative Keith Arnold	P. O. Box 2860 Ft. Myers, Florida 33902	Keith,
17	Mr. Felix Valle	c/o RCMA Dade City MHS P. O. Box 396 Dade City, Florida 33526	Felix,
18	Ms. Adelina Alvarado	c/o RCMA Palmetto MHS 1415 29th Street, East Palmetto, Florida 34221	Adelina,
19	Mr. Charlie Lambry	175 North Greenstar Avenue Pahokee, Florida 33476	Charlie,
20	Mr. Miguel De La Cruz	441 Windermere Drive Lakeland, Florida 33809	Miguel,

21	Mr. Patrick Leary	Green Line, Inc. 935 52 <sup>nd</sup> Avenue Vero Beach, Florida 32966	Patrick,
22	Ms. Weeda Mae Williams	1344 SW Harlem Circle Arcadia, Florida 33821	Weeda,
23	Ms. Molly Humes	1st Vice President Sun Trust, Inc. 200 S. Orange Avenue MC 0-1107 Orlando, Florida 32801	Molly,
24	Mr. Richard Pringle	Strayhorn & Strayhorn P. O. Box 128 Ft. Myers, Florida 33905	Richard,
25	Ms. Diana Montanez	WIC Program, Manatee Co. 410 6th Avenue, East Bradenton, Florida 34202	Diana,
26	Ms. Tina Grice	309 N. Rust Avenue, #45 Wauchula, Florida 33873	Tina,
27	Mr. Anthony Smith	c/o Harlem Academy P.O. Box 908 Clewiston, Florida 33440	Anthony,
28	Ms. Roslyn Dunkley	c/o RCMA Glades Early Childhood P.O. Box 160 Moore Haven, Florida 33471	Roslyn,
29	Ms. Paula Melendez	c/o RCMA Dover MHS 13618 Dr. MLK Jr. Blvd. Dover, Florida 33527	Paula,
30	Ms. Nelly Orozco	c/o RCMA Zellwood MHS P.O. Box 728 Zellwood, Florida 32798	Nelly,
31	Mr. Florentino Canas	c/o RCMA Farmworker CDC 9531 West Atlantic Ave., Box M-117 Delray Beach, Florida 33446	Florentino,

1/12/98 (Address List of Board Members)