2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002
Secretary of State

DOCUMENT# 709687

Entity Name: REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

Current Principal Place of Business:

402 W MAIN STREET
IMMOLAKEE, FL 341423933 US

New Principal Place of Business:

Current Mailing Address:

402 W MAIN STREET
IMMOLAKEE, FL 34142933 US

New Mailing Address:

402 W MAIN STREET
IMMOLAKEE, FL 341423933 US

FEI Number: 59-1221966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAINSTER, BARBARA
402 W MAIN STREET
IMMOKALEE, FL 34142 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: BARBARA MAINSTER 01/09/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SORN, GEORGE F.,
Address: 4530 FONTANA STREET
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete
Name: THOMAS, FRED
Address: 1800 FARMWORKER WAY
City-St-Zip: IMMOKALEE, FL

Title: TD ( ) Delete
Name: GALVAN, EDUARDO
Address: P. O. BOX 1032 N/A
City-St-Zip: IMMOKALEE, FL

Title: D ( ) Delete
Name: MAINSTER, BARBARA
Address: 402 W MAIN STREET
City-St-Zip: IMMOKALEE, FL

Title: SD ( ) Delete
Name: SHAPIRO, MYRA
Address: 4301 GULFSHORE BLVD., N., #401
City-St-Zip: NAPLES, FL

Title: V ( ) Delete
Name: BERRIEN, DEACON J
Address: P O BOX 215
City-St-Zip: WINAUMA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GALVAN, EDUARDO
Address: P. O. BOX 1032
City-St-Zip: IMMOKALEE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BRYANT, APRIL
Address: 6440 PLUNKETT STREET
City-St-Zip: HOLLYWOOD, FL

Title: VD (X) Change ( ) Addition
Name: DINKEL, JOHN
Address: P O BOX 1531
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE F. SORN PD 01/09/2002
Electronic Signature of Signing Officer or Director Date