

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709687

FILED
Jan 15, 2004
Secretary of State

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 341423933 US

New Mailing Address:

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 341423933 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: _____

01/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: LEARY, [PATRICK
Address: 935 52ND AVE
City-St-Zip: VERO BEACH, 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
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: PRINGLE, RICHARD
Address: 2125 FIRST STREET
City-St-Zip: FORT MYERS, FL

Title: PD () Delete
Name: DINKEL, JOHN
Address: P O BOX 1531
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: BARBARA MAINSTER

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date