2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
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 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 341423933 US

Name and Address of New Registered Agent:

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: _____
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 32966 US	
Title:	VD	( ) Delete
Name:	THOMAS, FRED	
Address:	1205 ORCHID AVE	
City-St-Zip:	IMMOKALEE, FL 34142 US	
Title:	TD	( ) Delete
Name:	GALVAN, EDUARDO	
Address:	750 S 5TH ST	
City-St-Zip:	IMMOKALEE, FL 34142 US	
Title:	D	( ) Delete
Name:	MAINSTER, BARBARA	
Address:	402 W MAIN STREET	
City-St-Zip:	IMMOKALEE, FL 34142 US	
Title:	SD	( ) Delete
Name:	PRINGLE, RICHARD	
Address:	2125 FIRST STREET	
City-St-Zip:	FORT MYERS, FL 33901 US	
Title:	PD	( ) Delete
Name:	DINKEL, JOHN	
Address:	2514 W CONLEY AVE	
City-St-Zip:	TAMPA, FL 33611 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	KROME, MEDORA	
Address:	P.O. BOX 900596	
City-St-Zip:	HOMESTEAD, FL 33090 US	
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
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 Chapter 119, 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 01/05/2007
Electronic Signature of Signing Officer or Director — Date