

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 02, 2008  
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: KROME, MEDORA  
Address: P.O. BOX 900596  
City-St-Zip: HOMESTEAD, FL 33090 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: ( ) 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:

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

I hereby certify that the information supplied with this filing does not qualify 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

01/02/2008

Electronic Signature of Signing Officer or Director

Date