

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709687

FILED  
Jan 22, 2010  
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 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  
Name: KROME, MEDORA  
Address: P.O. BOX 900596  
City-St-Zip: HOMESTEAD, FL 33090 US

Title: VD  
Name: THOMAS, FRED  
Address: 1205 ORCHID AVE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: TD  
Name: PRICE, STEVE  
Address: 1400 N. 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D  
Name: MAINSTER, BARBARA  
Address: 402 W MAIN STREET  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: SD  
Name: PRINGLE, RICHARD  
Address: 2125 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33902 US

Title: PD  
Name: STUART, MICHAEL  
Address: P.O. BOX 948153  
City-St-Zip: MAITLAND, FL 32794 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MAINSTER

D

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date