

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709687

FILED
Jan 11, 2011
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: PO BOX 2262
City-St-Zip: IMMOKALEE, FL 34143 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, SUITE #200
City-St-Zip: FORT MYERS, FL 33901 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

01/11/2011

Electronic Signature of Signing Officer or Director

Date