

02-12-2003 90124 038 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 709687																																																																									
1. Entity Name REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.																																																																									
Principal Place of Business 402 W MAIN STREET IMMOLAKEE, FL 34142-3933 US	Mailing Address 402 W MAIN STREET IMMOLAKEE, FL 34142-3933 US																																																																								
2. Principal Place of Business	3. Mailing Address																																																																								
Suite, Apt. #, etc.	Suite, Apt. #, etc.																																																																								
City & State	City & State																																																																								
-- Zip	-- Country	4. FEI Number 59-1221966																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																																																																							
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																																																																									
6. Name and Address of Current Registered Agent MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE, FL 34142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																							
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																									
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>																																																																									
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
Make Check Payable to Florida Department of State																																																																									
10. OFFICERS AND DIRECTORS																																																																									
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.																																																																									
SIGNATURE: <i>Barbara Mainster</i>		2-7-03																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		239-658-3560																																																																							

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CR2EC37 (10/02)