


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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 025 \*\*\*\*74.75

**DOCUMENT # 744831**

1. Entity Name  
**FUNDACION MISIONERA REDENCION, INC.**



Principal Place of Business  
**15611 NW 45 AVENUE  
 CAROL CITY, FL 33056**

Mailing Address  
**3930 NW 175TH ST.  
 CAROL CITY, FL 33055**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2821510**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**POLANCO, LUGINIO (REV)  
 121 N.W. 4TH. AVE.  
 DANIA, FL., FL 33004**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, LUGINIO (REV)		NAME		
STREET ADDRESS	3930 N.W. 175TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY, FL 33056		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, LUCIANO		NAME		
STREET ADDRESS	9 ARABIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLANCO, EVA		NAME		
STREET ADDRESS	3930 N.W. 175TH ST.		STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY, FL 33056		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, EVA		NAME		
STREET ADDRESS	9 ARABIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	OPA-LOCKA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALAGASTINO, HECTOR		NAME		
STREET ADDRESS	4040 N.E.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALASASTINO, HERMINIA		NAME		
STREET ADDRESS	4040 N.E.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

**SIGNATURE:** *Rev. Luginio Polanco* - Luginio Polanco - Pdfe - 4-24-08 - 305-624-38-  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **22**