

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744831

FILED
Apr 17, 2009
Secretary of State

Entity Name: FUNDACION MISIONERA REDENCION, INC.

Current Principal Place of Business:

15611 NW 45 AVENUE
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

3930 NW 175TH ST.
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 59-2821510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLANCO, LUGINIO (REV)
121 N.W. 4TH. AVE.
DANIA, FL., FL 33004 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: PD () Delete
Name: POLANCO, LUGINIO (REV)
Address: 3930 N.W. 175TH ST.
City-St-Zip: CAROL CITY, FL 33056

Title: VP () Delete
Name: RODRIGUEZ, LUCIANO
Address: 9 ARABIA AVE.
City-St-Zip: OPA-LOCKA, FL

Title: SD () Delete
Name: POLANCO, EVA
Address: 3930 N.W. 175TH ST.
City-St-Zip: CAROL CITY, FL 33056

Title: TD () Delete
Name: RODRIGUEZ, EVA
Address: 9 ARABIA AVE.
City-St-Zip: OPA-LOCKA, FL

Title: D () Delete
Name: ALAGASTINO, HECTOR
Address: 4040 N.E.
City-St-Zip: POMPANO BEACH, FL

Title: D () Delete
Name: ALASASTINO, HERMINIA
Address: 4040 N.E.
City-St-Zip: POMPANO BEACH, FL

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: D (X) Change () Addition
Name: ALAGASTINO, HERMINIA
Address: 4040 N.E.
City-St-Zip: POMPANO BEACH, FL

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: POLANCO, LUGINIO (REV)

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date