

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:17

DOCUMENT # **N11395** (3)

1. Corporation Name

**REDEMPTORIST FATHERS OF FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
313 HILLMAN ST.  
P O BOX 1529 (32170)  
NEW SMYRNA BEACH FL 32170

Mailing Address  
313 HILLMAN ST.  
P O BOX 1529 (32170)  
NEW SMYRNA BEACH FL 32170

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/02/1985</b>   | 3a. Date of Last Report<br><b>02/08/1994</b> |
| 4. FEI Number<br><b>13-1635280</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 24                             | 25                  |
| 29                             | 30                  |

9. Name and Address of Current Registered Agent

**ROSS, WILLIAM L. JR.**  
**221 NORTH CAUSEWAY**  
**NEW SMYRNA BEACH FL 32069**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>TD</b>                  |
| NAME           | <b>KNOLL, REV MARK</b>     |
| STREET ADDRESS | <b>313 HILLMAN STREET</b>  |
| CITY- ST- ZIP  | <b>NEW SMYRNA BEACH FL</b> |
| TITLE          | <b>VD</b>                  |
| NAME           | <b>DILLON, REV MICHAEL</b> |
| STREET ADDRESS | <b>313 HILLMAN ST.</b>     |
| CITY- ST- ZIP  | <b>NEW SMYRNA BEACH FL</b> |
| TITLE          | <b>SD</b>                  |
| NAME           | <b>O'MALLEY, JAMES</b>     |
| STREET ADDRESS | <b>313 HILLMAN ST.</b>     |
| CITY- ST- ZIP  | <b>NEW SMYRNA BEACH FL</b> |
| TITLE          | <b>TD</b>                  |
| NAME           | <b>NELSON, FRANK</b>       |
| STREET ADDRESS | <b>7509 SHORE RD.</b>      |
| CITY- ST- ZIP  | <b>BROOKLYN, NY.</b>       |
| TITLE          | <b>AS</b>                  |
| NAME           | <b>DAIGLE, EUGENE</b>      |
| STREET ADDRESS | <b>313 HILLMAN ST.</b>     |
| CITY- ST- ZIP  | <b>NEW SMYRNA BEACH FL</b> |
| TITLE          | <b>P</b>                   |
| NAME           | <b>KEAVENEY, GEORGE</b>    |
| STREET ADDRESS | <b>7509 SHORE RD.</b>      |
| CITY- ST- ZIP  | <b>BROOKLYN, NY.</b>       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY- ST- ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY- ST- ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY- ST- ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY- ST- ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY- ST- ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY- ST- ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Mark Knoll TD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rev. MARK KNOLL**

JAN. 13, 1995 427-3094