

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11395** (3)

1. Corporation Name  
**REDEMPTORIST FATHERS OF FLORIDA, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/02/1985</b>	3a. Date of Last Report <b>01/20/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-1635280</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ROSS, WILLIAM L. JR.</b> <b>221 NORTH CAUSEWAY</b> <b>NEW SMYRNA BEACH FL 32069</b>				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <b>KNOLL, REV MARK</b> 313 HILLMAN STREET NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <b>DILLON, REV MICHAEL</b> 313 HILLMAN ST. NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>VD</b> <b>GRAY, REV EDWARD</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>313 HILLMAN ST.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL</b>
TITLE	<b>SD</b> <b>O'MALLEY, JAMES</b> 313 HILLMAN ST. NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>SD</b> <b>MAJEWSKI, JOSEPH</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>313 HILLMAN ST.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL</b>
TITLE	<b>TD</b> <b>NELSON, FRANK</b> 7509 SHORE RD. BROOKLYN, NY. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <b>DAIGLE, EUGENE</b> 313 HILLMAN ST. NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <b>KEAVENEY, GEORGE</b> 7509 SHORE RD. BROOKLYN, NY. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. 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 617, 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, S.D.B.* January 18, 1996 (904) 427-3094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)