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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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	Mailing Address
313 HILLMAN ST. P O BOX 1529 (32170) NEW SMYRNA BEACH FL 32170	313 HILLMAN ST. P O BOX 1529 (32170) NEW SMYRNA BEACH FL 32168-6715

3. Date Incorporated or Qualified 10/02/1985	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-1635280	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSS, WILLIAM L. JR. 221 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32069	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOLL, REV MARK	1.2 NAME	
STREET ADDRESS	313 HILLMAN STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, REV EDWARD	2.2 NAME	
STREET ADDRESS	313 HILLMAN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJEWSKI, JOSEPH	3.2 NAME	
STREET ADDRESS	313 HILLMAN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, FRANK	4.2 NAME	
STREET ADDRESS	7509 SHORE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN, NY.	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIGLE, EUGENE	5.2 NAME	
STREET ADDRESS	313 HILLMAN ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAVENEY, GEORGE	6.2 NAME	
STREET ADDRESS	7509 SHORE RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLYN, NY.	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, C.S.R. 1/10/97 904-427-3094

CR2E037 (9/96)