FILE NOW: FILING FEE IS $61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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 32170

3. Date Incorporated or Qualified
10/02/1985

4. FEI Number   13-1635280 | Applied For / Not Applicable

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TD **NAME** KNOLL, REV MARK **STREET ADDRESS** 313 HILLMAN STREET **CITY-ST-ZIP** NEW SMYRNA BEACH FL	☒ DELETE		1.1 TITLE TD 1.2 NAME KUHN, BR. THOMAS 1.3 STREET ADDRESS 313 HILLMAN STREET 1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL	☐ Change ☒ Addition	
TITLE VD **NAME** GRAY, REV EDWARD **STREET ADDRESS** 313 HILLMAN ST. **CITY-ST-ZIP** NEW SMYRNA BEACH FL	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE SD **NAME** MAJEWSKI, JOSEPH **STREET ADDRESS** 313 HILLMAN ST. **CITY-ST-ZIP** NEW SMYRNA BEACH FL	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE TD **NAME** NELSON, FRANK **STREET ADDRESS** 7509 SHORE RD. **CITY-ST-ZIP** BROOKLYN, NY.	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE AS **NAME** DAIGLE, EUGENE **STREET ADDRESS** 313 HILLMAN ST. **CITY-ST-ZIP** NEW SMYRNA BEACH FL	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE P **NAME** KEAVENEY, GEORGE **STREET ADDRESS** 7509 SHORE RD. **CITY-ST-ZIP** BROOKLYN, NY.	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BROTHER THOMAS KUHN

CR2E037 (10/97)