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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90047 011 ****61.25

1/198/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11395
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1635280
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD KUH, BR T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	313 HILLMAN STREET	1.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GRAY, REV EDWARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	313 HILLMAN ST.	2.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MAJEWSKI, JOSEPH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	313 HILLMAN ST.	3.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD NELSON, FRANK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7509 SHORE RD.	4.2 NAME	
STREET ADDRESS	BROOKLYN, NY.	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS DAIGLE, EUGENE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	313 HILLMAN ST.	5.2 NAME	AS
STREET ADDRESS	NEW SMYRNA BEACH FL	5.3 STREET ADDRESS	CHAVARRIA, REV. JEROME
CITY-ST-ZIP		5.4 CITY-ST-ZIP	313 HILLMAN ST.
TITLE	P KEAVENEY, GEORGE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7509 SHORE RD.	6.2 NAME	
STREET ADDRESS	BROOKLYN, NY.	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: BROTHER THOMAS KUHN SIGNATURE REQUIRED Brother Thomas Kuhn 01-26-99 904 427-3094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)