


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N11395
 1. Entity 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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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-1635280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGLASS, VINCENT 313 HILLMAN STREET NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMYTH, JOHN 313 HILLMAN ST. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAVARRIA, JEROME 313 HILLMAN ST. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, FRANK 7509 SHORE RD. BROOKLYN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, GLENN 313 HILLMAN ST. NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLEY, KEVIN 7509 SHORE RD. BROOKLYN, NY

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UN00000005116
 01/15/04-80039-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fr. Jerome Chavarría, C.S.B. 1/12/04 (386) 427-3094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rev. Jerome Chavarría, C.S.B.