


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N11395
 1. Entity Name
REDEMPTORIST FATHERS OF FLORIDA, INC.



Principal Place of Business Mailing Address
313 HILLMAN ST. **313 HILLMAN ST.**
P O BOX 1529 (32170) **P O BOX 1529 (32170)**
NEW SMYRNA BEACH, FL 32170 **NEW SMYRNA BEACH, FL 32170**



01102008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
13-1635280 Not Applicable

5. Certificate of Status Desired **\$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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

U00000386400
 01/18/06-80058-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Chavaria - FR. JEROME CHAVARRIA 1-10-06 386-427-309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #