


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 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.  
P O BOX 1529 (32170)  
NEW SMYRNA BEACH, FL 32170**

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P O BOX 1529 (32170)  
NEW SMYRNA BEACH, FL 32170**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>13-1635280</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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 KNAPP, GERARD 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 WOODS, PATRICK 7509 SHORE RD. BROOKLYN, NY

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01/10/07-80090-007 70.00

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:** *Jr. Jerome Chavaria*      1-8-07

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