## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11395

FILED Feb 20, 2008 Secretary of State

Entity Name: REDEMPTORIST FATHERS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

313 HILLMAN ST. 313 HILLMAN ST.

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

NEW SMYRNA BEACH, FL 32170

Current Mailing Address: New Mailing Address:

313 HILLMAN ST. 313 HILLMAN ST. 9 O BOX 1529 (32170) P O BOX 1529

NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170

FEI Number: 13-1635280 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROSS, WILLIAM L JR 221 NORTH CAUSEWAY

NEW SMYRNA BEACH, FL 32069 US

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.

SIGNATURE:

JAC.

## Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: S/D (X) Change ( ) Addition

Address: 313 HILLMAN STREET Address: 313 HILLMAN STREET

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete Title: T/D (X) Change ( ) Addition

 Name:
 SMYTH, JOHN
 Name:
 PARKER, GLENN

 Address:
 313 HILLMAN ST.
 Address:
 313 HILLMAN ST.

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168

 $\label{eq:title:DV} \mbox{Title:} \mbox{ DV } \mbox{ ( ) Delete} \mbox{ Title:} \mbox{ V/D } \mbox{ (X) Change ( ) Addition}$ 

 Name:
 CHAVARRIA, JEROME
 Name:
 CHAVARRIA, JEROME

 Address:
 313 HILLMAN ST.
 Address:
 313 HILLMAN ST.

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168

ity-31-ZIP. NEW SWITKINA BEACH, PL 32100 City-31-ZIP. NEW SWITKINA BEACH, PL 32100

Title: TD () Delete Title: T/D (X) Change () Addition
Name: KNAPP. GERARD Name: KNAPP. GERARD

 Address:
 7509 SHORE RD.
 Address:
 7509 SHORE RD.

 City-St-Zip:
 BROOKLYN, NY
 City-St-Zip:
 BROOKLYN, NY

Title: SD ( ) Delete Title: S/D (X) Change ( ) Addition Name: PARKER, GLENN Name: PARKER, GLENN

 Name:
 PARKER, GLENN
 Name:
 PARKER, GLENN

 Address:
 313 HILLMAN ST.
 Address:
 313 HILLMAN ST.

 City-St-Zip:
 NEW SMYRNA BEACH, FL
 City-St-Zip:
 NEW SMYRNA BEACH, FL

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WOODS, PATRICK
 Name:

 Address:
 7509 SHORE RD.
 Address:

 City-St-Zip:
 BROOKLYN, NY
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME CHAVARRIA, C.SS.R. V/D 02/20/2008