

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11395

FILED
Jan 07, 2010
Secretary of State

Entity Name: REDEMPTORIST FATHERS OF FLORIDA, INC.

Current Principal Place of Business:

313 HILLMAN ST.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

313 HILLMAN ST.
P O BOX 1529
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

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

Name and Address of Current Registered Agent:

RODRIGUEZ, LUZ E
313 HILLMAN STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S/D
Name: SOUSA, PETER
Address: 313 HILLMAN STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D
Name: PARKER, GLENN
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V/D
Name: CHAVARRIA, JEROME
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D
Name: FALISKIE, EDMUND
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY

Title: S/D
Name: PARKER, GLENN
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL

Title: P
Name: WOODS, PATRICK
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY 11209

I hereby 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 all other like empowered.

SIGNATURE: JEROME CHAVARRIA

V/D

01/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date