


FILED

03 OCT 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 13-1635280		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent			
Name		Name			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
City		City			
Zip Code		Zip Code			
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.		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 _____			
SIGNING TYPE OR PRINTED NAME OF REGISTERED AGENT AND DATE OF SIGNATURE		NOTE: Registered Agent's signature required when reappointing			
FILE NOW! FEES \$31.25 LIMIT OF \$25000 PER YEAR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD NAME KUHNS, BR T STREET ADDRESS 313 HILLMAN STREET CITY-ST-ZIP NEW SMYRNA BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE	TD NAME Douglass, Vincent STREET ADDRESS 313 Hillman St. CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD NAME SMYTH, JOHN STREET ADDRESS 313 HILLMAN ST. CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE	VD NAME Chavarria, Jerome STREET ADDRESS 313 Hillman St. CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD NAME MAJEWSKI, JOSEPH STREET ADDRESS 313 HILLMAN ST. CITY-ST-ZIP NEW SMYRNA BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE	TD NAME NELSON, FRANK STREET ADDRESS 7609 SHORE RD. CITY-ST-ZIP BROOKLYN, NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD NAME NELSON, FRANK STREET ADDRESS 7609 SHORE RD. CITY-ST-ZIP BROOKLYN, NY	<input type="checkbox"/> Delete	TITLE	SD NAME Parker, Glenn STREET ADDRESS 313 Hillman St. CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD NAME CHAVARRIA, JEROME REV STREET ADDRESS 313 HILLMAN ST. CITY-ST-ZIP NEW SMYRNA BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE	P NAME MOLEY, KEVIN STREET ADDRESS 7609 SHORE RD. CITY-ST-ZIP BROOKLYN, NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P NAME MOLEY, KEVIN STREET ADDRESS 7609 SHORE RD. CITY-ST-ZIP BROOKLYN, NY	<input type="checkbox"/> Delete	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 817, 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: <u>Rev. Jerome Chavarria, C.Ss.R.</u>		10/29/03 (386) 427-3094			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE			
Rev. Jerome Chavarria, C.Ss.R.					

CR2E037 (10/02)