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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31913 (9)**
1. Corporation Name
EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
**WESTMINSTER PRESBYTERIAN CHURCH
2641 RED BUG ROAD #2641
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1989** 3a. Date of Last Report **03/02/1994**

4. FEI Number **59-2235279** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. **EL REDENTOR PRESBYTERIAN**

22. City & State 27. **P.O. BOX 3638**

23. Zip 28. **WINTER SPRINGS, FL.**

24. Country 29. **32708** 30. **U.S.A.**

9. Name and Address of Current Registered Agent

**RODRIGUEZ, HECTOR
420 EAGLE CIRCLE
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81. Name **MODESTO RIVERA**

82. Street Address (P.O. Box Number is Not Acceptable) **6060 YUCATAN DR.**

83. **ORLANDO**

84. City **ORLANDO** 85. Zip Code **FL 32807**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Modesto Rivera* **MODESTO RIVERA** DATE **5/22/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME RODRIGUEZ, HECTOR	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 420 EAGLE CIRCLE	CITY - ST - ZIP CASSELBERRY FL.	1.2 NAME MODESTO RIVERA	
TITLE VD	NAME GONZALEZ, MANUEL E.	1.3 STREET ADDRESS 6060 YUCATAN DR.	
STREET ADDRESS 1003 VERSALLES CT	CITY - ST - ZIP MAITLAND FL.	1.4 CITY - ST - ZIP ORLANDO FL.	
TITLE SD	NAME JORDAN, NELLY	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 HOLLYHOCK DR.	CITY - ST - ZIP ALTAMONTE SPRINGS FL.	2.2 NAME LUIS MARTIR	
TITLE D	NAME CASILLAS, BARTOLO	2.3 STREET ADDRESS 918 ARDILLITA CT.	
STREET ADDRESS 110 FIESTA DR.	CITY - ST - ZIP ORMOND BEACH FL.	2.4 CITY - ST - ZIP WINTER SP. FL.	
TITLE TD	NAME HERNANDEZ, MADELINE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1017 HOWELL HARBOR DR.	CITY - ST - ZIP CASSELBERRY FL.	3.2 NAME ILEANA BARBOSA	
TITLE D	NAME DAVILA, RAMON	3.3 STREET ADDRESS 5443 WAUCHULA CT.	
STREET ADDRESS 3420 CIRQUE CIRCLE	CITY - ST - ZIP ORLANDO FL.	3.4 CITY - ST - ZIP ORLANDO FL.	
TITLE D	NAME CASILLAS, BARTOLO	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 110 FIESTA DR.	CITY - ST - ZIP ORMOND BEACH FL.	4.2 NAME HERIBERTO CORTES	
TITLE TD	NAME HERNANDEZ, MADELINE	4.3 STREET ADDRESS 551 E.SEMORAN BLVD. #H-11	
STREET ADDRESS 1017 HOWELL HARBOR DR.	CITY - ST - ZIP CASSELBERRY FL.	4.4 CITY - ST - ZIP FERN PARK FL.	
TITLE D	NAME DAVILA, RAMON	5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3420 CIRQUE CIRCLE	CITY - ST - ZIP ORLANDO FL.	5.2 NAME ANGEL ROLON	
TITLE D	NAME DAVILA, RAMON	5.3 STREET ADDRESS 100 HOLLYHOCK DR.	
STREET ADDRESS 3420 CIRQUE CIRCLE	CITY - ST - ZIP ORLANDO FL.	5.4 CITY - ST - ZIP ALTAMONTE SP. FL.	
TITLE D	NAME DAVILA, RAMON	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3420 CIRQUE CIRCLE	CITY - ST - ZIP ORLANDO FL.	6.2 NAME WANDA MAÑANA	
TITLE D	NAME DAVILA, RAMON	6.3 STREET ADDRESS 2110 COCHISE TRAIL	
STREET ADDRESS 3420 CIRQUE CIRCLE	CITY - ST - ZIP ORLANDO FL.	6.4 CITY - ST - ZIP CASSELBERRY FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Modesto Rivera* **MODESTO RIVERA** DATE **5/22/95** 407-273-8441