

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31913 (9)

1. Corporation Name
EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.



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

Mailing Address: **EL REDENTOR PRESBYTERIAN
P O BOX 3638
WINTER SPRINGS FL 32708
US**

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **21 El Redentor Presby Church**

22 **6971 Red Bug Lake Rd.**

23 **Oviedo, Florida**

24 **32765** 25 **Seminole**

9. Name and Address of Current Registered Agent

**RIVERA, MODESTO
6060 YUCATAN DR
ORLANDO FL 32807**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **CD**
NAME: **RIVERA, MODESTO**
STREET ADDRESS: **6060 YUCATAN DR**
CITY-ST-ZIP: **ORLANDO FL**

TITLE: **VD**
NAME: **MARTIR, LUIS**
STREET ADDRESS: **918 ARDILLITA CT**
CITY-ST-ZIP: **WINTER SPRINGS FL**

TITLE: **SD**
NAME: **BARBOSA, ILEANA**
STREET ADDRESS: **5443 WAUCHULA CT**
CITY-ST-ZIP: **ORLANDO FL**

TITLE: **D**
NAME: **CORTES, HERIBERTO**
STREET ADDRESS: **551 E SEROMAN BLVD H-11**
CITY-ST-ZIP: **FERN PARK FL**

TITLE: **TD**
NAME: **ROLON, ANGEL**
STREET ADDRESS: **100 HOLLYROCK DR**
CITY-ST-ZIP: **ALTAMONTE SPRINGS FL**

TITLE: **D**
NAME: **MANANA, WANDA**
STREET ADDRESS: **2110 COCHISE TRAIL**
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 119.07(3)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. Name and Address of New Registered Agent

81 Name: **Rivera, Modesto**
82 Street Address (P.O. Box Number is Not Acceptable): **4004 Palo Alto Ct., Orlando, FL. 32817**

83 City: **O**

84 City: **Capo, Felix**

85 Zip Code: **1012 McCalls Ct. Oviedo, FL. 32765**

86 Identification Number: **400001850524**

87 Filing Fee: *****61.25**

Date: **5/24/96**
Daytime Phone #: **(407) 657-2553**

CR2E037 (12/95)