FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N31913 (9)

EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORI DA, INC.

Principal Place of Business

Mailing Address

WESTMINSTER PRESBYTERIAN CHURCH 2641 RED BUG ROAD #2641 CASSELBERRY FL 32707

EL REDENTOR PRESBYTERIAN P O BOX 3638 WINTER SPRINGS FL 32708



US						3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1989 05/30/1995				
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		or -	
21 El Redentor Presby Church						59-2235279		Not Applic	$\overline{}$	
Suite, Apt. #, etc. Suite, Apt. #, etc.						_		\$8.75 Addition		
22 6971 Red Bug Lake Rd. 27 City & State City & State						Certificate of Status Desired	Fee Required			
23 Ovied		28	•			6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution			-	
Z ip	Country	Zip	Countr	v	Rough Fund Contribution Added to Fees No corporation has liability for ptangible tax under s. 199.032,					
24 32765 25 Seminole 29 30			⊢ ¬	•	Florida Statutes Yes No				,	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Name		10 = 10 0 (10. 110	Sintolog Age	<u> </u>		
RIVERA. MODESTO				82 Street Address (P.O. Box Number is Not Acceptable)						
6060 YUCATAN DR				Street	Address)				
ORLANDO FL 32807			83	ļ						
ORDAN	DO LE 35001		03	1					1	
			84	•,				35 Zip Code		
11. Pursuant	to the provisions of Sections 617,0502 ar	nd 617.1508, Florida Statutes	the above-	named co	prporatio	n submits this statement for the number		on its registered	office	
	red agent, or both, in the State of Florida. ith, and accept the obligations of, Section		d by the corp	oration's	board o	f directors. I hereby accept the appoin	ntment as reg	istered agent. I a	am	
1	in it and accept the obligations of section	1017.0000, Florida Statules.						-		
SIONATURE	Signature, typed or printed name of registered agent and	tille if englicable /NOTE	: Registered Age							
12.	OFFICERS AND [13.	nt signature re	equirea whe		DATE	56 65 65 6 11 11	<u>@</u>	
TITLE	CD	DELETE	1.1 TITLE		I	ADDITIONS/CHANGES TO OFFIC				
NAME	RIVERA, MODESTO		1.2 NAME		Riv	vera, Modesto	. ZŽi ∈	hange 🔲 Addit	tion 5	
STREET ADDRESS	6060 YUCATAN DR					Cla, Modeble			2	
CITY-ST-ZIP	ORALNDO EL			F ADDRESS	4004 Palo Alto Ct., Orlando, Fl. 32817			,,, G		
TITLE	VD	€ Torura	1.4 CITY - S	ST-ZIP		Tab Alto Ct., O			a	
	""	DELETE	21 TITLE		0			hange 🔲 Addit	tion C	
NAME	MARTIR, LUIS								ĺ	
STREET ADDRESS	918 ARDILLITA CT		2 3 STREET	ADDRESS						
CITY-ST-ZIP				ST-ZIP					ŀ	
TITLE			3.1 TITLE					hange	tion	
NAME	BARBOSA, ILEANA		3.2 NAME					-	ŀ	
STREET ADDRESS	5443 WAUCHULA CT		3.3 STREET	ADDRESS						
CITY-ST-ZIP	ORALNDO FL		3.4. CITY-	I						
TITLE	D	X DELETE	41 TITLE				XC	hange	tion	
NAME	CORTES, HERIBERTO		4. 2 NAME		Car	oo, Felix	22.0			
STREET ADDRESS	551 E SEROMAN BLVD H-11		4.3 STREET	ADDRESS	_					
CITY-ST-ZIP	FERN PARK FL		4.4 City - S		101	.2 McCalls Ct.				
TITLE	TD	DELETE	5.1 TITLE	11-TIF	Ov.	iedo, Fl. 327	65 DC			
NAME	ROLON, ANGEL	<u> </u>	5.2 NAME			-	Ци	hange 🔲 Additi	JOH	
STREET ADDRESS	100 HOLLYROCK DR					at filting to the				
CITY-ST-ZIP	ALTAMONTE ODDINGO EL		5.3 STREET	I	400001850524 -06/04/9601133030 ,)			ł ,	11	
TITLE	540		54 CITY-S	1-ZIP		****61.25				
NAME		ן]טנננונ	6.1 TITLE			ጥጥጥ01. <i>ር</i> ጋ	☐ Cr	ngnge Z□7014ji	jon	
	MANANA, WANDA	6.2		; : [(2 11			7	
STREET ADDRESS	2110 COCHISE TRAIL		63STREET	ADDRESS						
CITY-ST-ZIP	CASSELBERRY FL		6.4 CITY-S	T-ZIP						
14. I do nereb	y certify that the information supplied with	this filing is voluntarily furnish	ed and does	anot quali	ify for th	e exemption stated in Section 110.07	MA Finder	OL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

certify that the information supplied with this fining 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 an an attachment with an address.

GNATURE:

GNATURE:

GNATURE:

SIGNATURE: _

BIONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 657-2553 Deytime Phone #