

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31913 (9)
1. Corporation Name
EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business 6871 RED BUG LAKE RD. OVIEDO FL 32765	Mailing Address EL REDENTOR PRESBYTERIAN P O BOX 3638 WINTER SPRINGS FL 32708 US
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3. Date Incorporated or Qualified 04/25/1989	
4. FEI Number 59-2235279	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RIVERA, MODESTO
6060 YUCATAN DR
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name JOSE MARTI	
82 Street Address (P.O. Box Number is Not Acceptable) 3442 RIDER PL.	
83	
84 City ORLANDO	85 Zip Code FL 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.1503, Florida Statutes.

SIGNATURE **JOSE MARTI C/Tr** *[Signature]* DATE **5/29/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME RIVERA, MODESTO	1.1 TITLE C/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4004 PALO ALTO CT.	CITY-ST-ZIP ORLANDO FL 32817	1.2 NAME JOSE MARTI	
TITLE VD	NAME MARTIR, LUIS	1.3 STREET ADDRESS 3442 RIDER PL.	
STREET ADDRESS 918 ARDILLITA CT	CITY-ST-ZIP WINTER SPRINGS FL	1.4 CITY-ST-ZIP ORLANDO FL 32817	
TITLE SD	NAME BARBOSA, ILEANA	2.1 TITLE V/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5443 WAUCHULA CT	CITY-ST-ZIP ORLANDO FL	2.2 NAME EDGAR TORRES	
TITLE D	NAME CAPO, FELIX	2.3 STREET ADDRESS 5458 COUNTRY FAIR CT.	
STREET ADDRESS 1012 MCCALLS CT.	CITY-ST-ZIP OVIEDO FL 32765	2.4 CITY-ST-ZIP OVIEDO FL 32765	
TITLE TD	NAME ROLON, ANGEL	3.1 TITLE S/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 HOLLYROCK DR	CITY-ST-ZIP ALTAMONTE SPRINGS FL	3.2 NAME WANDA MANANA	
TITLE D	NAME MANANA, WANDA	3.3 STREET ADDRESS 2110 COCHISE TR.	
STREET ADDRESS 2110 COCHISE TRAIL	CITY-ST-ZIP CASSELBERRY FL	3.4 CITY-ST-ZIP CASSELBERRY FL 32707	
TITLE Tr	NAME LUIS MORALES	4.1 TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2718 CAMOMILE DR.	CITY-ST-ZIP ORLANDO FL 32837	4.2 NAME PLACIDO RODRIGUEZ	
TITLE Tr	NAME JOHN MEDINA	4.3 STREET ADDRESS 1053 SUGARBERRY TR.	
STREET ADDRESS 314 CELERY CIR.	CITY-ST-ZIP OVIEDO FL 32765	4.4 CITY-ST-ZIP OVIEDO FL 32765	

5.1 TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME LUIS MORALES	
5.3 STREET ADDRESS 2718 CAMOMILE DR.	
5.4 CITY-ST-ZIP ORLANDO FL 32837	
6.1 TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME JOHN MEDINA	
6.3 STREET ADDRESS 314 CELERY CIR.	
6.4 CITY-ST-ZIP OVIEDO FL 32765	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **5/29/98**

CR2E037 (10/97)