


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT - 1998



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

FILED

98 OCT 30 AM 11:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N31913 (9)

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

Principal Place of Business Mailing Address

6971 RED BUG LAKE RD.
 OVIEDO FL 32765

EL REDENTOR PRESBYTERIAN
 P O BOX 3638
 WINTER SPRINGS FL 32708
 US

3. Date Incorporated or Qualified
04/25/1989

4. FEI Number Applied For
59-2235279 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 **WANDA MANANA**

82 Street Address (P.O. Box Number is Not Acceptable)
2110 COCHISE TR.

83 **700002679447--2**

84 City **CASSELBERRY** -11/03/98-0138820001
 *****FL****07/25

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 *Sandra Mortham* 9/15/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, MODESTO	
STREET ADDRESS	4004 PALO ALTO CT.	
CITY-ST-ZIP	ORALNDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIR, LUIS	
STREET ADDRESS	918 ARDILLITA CT	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARBOSA, ILEANA	
STREET ADDRESS	5443 WAUCHULA CT	
CITY-ST-ZIP	ORALNDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPO, FELIX	
STREET ADDRESS	1012 MCCALLS CT.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROLON, ANGEL	
STREET ADDRESS	100 HOLLYROCK DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANANA, WANDA	
STREET ADDRESS	2110 COCHISE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANANA, WANDA	
1.3 STREET ADDRESS	2110 COCHISE TR.	
1.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TORRES, EDGAR	
2.3 STREET ADDRESS	5458 COUNTRY FAIR CT.	
2.4 CITY-ST-ZIP	OVIEDO FL. 32765	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, PLACIDO	
3.3 STREET ADDRESS	1053 SUGARBERRY TR.	
3.4 CITY-ST-ZIP	OVIEDO FL. 32765	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORALES, LUIS	
4.3 STREET ADDRESS	2718 CAMOMILE DR.	
4.4 CITY-ST-ZIP	ORLANDO FL. 32821	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEDINA, JOHN	
5.3 STREET ADDRESS	314 CELERY CIR.	
5.4 CITY-ST-ZIP	OVIEDO FL. 32765	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

B. 10/2/98

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: *Sandra Mortham* **REQUIRED** 9/15/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001892

CR2E037 (5/98)