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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31913

1. Corporation Name

EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

6971 RED BUG LAKE RD.
 OVIEDO FL 32765

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/25/1989

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

9. Name and Address of Current Registered Agent

MANANA, WANDA
 2110 COCHISE TR.
 CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

Edgar Torres

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

83

5458 Country Fair Ct

84 City

OVIEDO

FL

85 Zip Code

32765

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

Edgar Torres

Edgar Torres / Pres. Board of Trustees

1-21-99

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 DELETE

NAME MEDINA, JOHN
 STREET ADDRESS 314 CELERY CIR.
 CITY-ST-ZIP OVIEDO FL 32765

TITLE DELETE

NAME TORRES, EDGAR
 STREET ADDRESS 5458 COUNTRY FAIR CT
 CITY-ST-ZIP OVIEDO FL 32765

TITLE DELETE

NAME MANANA, WANDA
 STREET ADDRESS 2110 COCHISE TR.
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE DELETE

NAME RODRIGUEZ, PLACIDO
 STREET ADDRESS 053 SUGARBERRY TR
 CITY-ST-ZIP OVIEDO FL 32765

TITLE DELETE

NAME MORALES, LUIS
 STREET ADDRESS 2718 CAMOMILE DR
 CITY-ST-ZIP ORLANDO FL 32821

TITLE 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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
 Ruben Maestre
 1065 DES DRIVE
 OVIEDO FL 32765

SD
 John Jordan
 1281 Lancelot way
 Casselberry FL 32707

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-21-99

407-260-9796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)