


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90051 007 ****70.00

DOCUMENT # N31913

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



Principal Place of Business
6971 RED BUG LAKE RD. OVIEDO FL 32765

Mailing Address
6771 RED BUG LAKE RD OVIEDO FL 32765 US

02000071



MOORE CR2E037 (4/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
6971 Red Bug Lake Rd
 Suite, Apt. #, etc.

City & State
Oviedo, FL

4. FEI Number
59-2235279

Applied For
 Not Applicable

Zip
32765

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RIOS, VICTOR
 9306 ECHO RUN
 ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name
Gonzalez, Tonita

Street Address (P.O. Box Number is Not Acceptable)
670579 Portland Circle

City
Apopka FL

Zip Code
32703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tonita Gonzalez** DATE **8-11-04**

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

**FILE NOW: FEE IS \$61.25
 Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMOS, EDGAR 1128 SHOSHANNA DR ORLANDO FL 32825 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRYE, ROBERT 1321 VALLÉNTINE PL APOPKA FL 32703 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RIOS, VICTOR 9306 ECHO RUN ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALAN, VICTOR 1044 HAMPSHIRE CT WINTER PARK FL 32792 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JORDAN, JOHN 1281 LANCELOT WAY CASSELBERRY FL 32707 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALDENONDO, RAIL 4232 SANDHURST DR ORLANDO FL 32817 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Rivera, Maribel 433 Taignin Ct Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sanchez, Evelyn 9532 Fitz Simmons Dr. Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Galan, Victor 1200 Tisdal Ct. Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Aldarondo, Paul 4232 Sandhurst Dr. Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04 407-359-0082

Date Daytime Phone #