


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90047 019 ****70.00

DOCUMENT # N31913					
1. Entity Name EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.					
Principal Place of Business 6971 RED BUG LAKE RD. OVIDO FL 32765		Mailing Address 6971 RED BUG LAKE RD. OVIDO FL 32765 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2235279	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, TONITA 579 PORTLAND CIRCLE APOPKA FL 32703			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 <i>Tonita Gonzalez</i>			DATE <i>1/20/2005</i>		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, EDGAR		NAME		
STREET ADDRESS	1128 SHOSHANNA DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MARIBEL		NAME		
STREET ADDRESS	433 TALQUIN CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, EVELYN		NAME		
STREET ADDRESS	9532 FITZ SIMMONS DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAN, VICTOR		NAME	Victor Galan	
STREET ADDRESS	1200 TISDAL CT.		STREET ADDRESS	1200 Tisdal Ct.	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	Casselberry FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, JOHN		NAME	Roberto Ramos	
STREET ADDRESS	1281 LANCELOT WAY		STREET ADDRESS	1471 Canal Cross Ct	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDENONDO, RAIL		NAME	Johnny Phillips	
STREET ADDRESS	4232 SANDHURST DR		STREET ADDRESS	1030 E. Branchwood Dr.	
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP	Apopka, FL 32703	
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: <i>[Signature]</i>			DATE: <i>2/2/05</i> DAYTIME PHONE: <i>407-359-0082</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		