


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90020 039 ****70.00

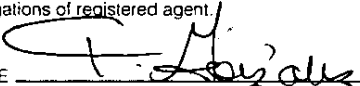
DOCUMENT # N31913 1. Entity Name			
EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.			
Principal Place of Business 6971 RED BUG LAKE RD. OVIEDO FL 32765		Mailing Address 6971 RED BUG LAKE RD. OVIEDO FL 32765 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-2235279	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, TONITA 579 PORTLAND CIRCLE APOPKA FL 32703		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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  DATE 1/20/2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMOS, EDGAR		NAME	Wanda Lopez	
STREET ADDRESS	1128 SHOSHANNA DR		STREET ADDRESS	481 Wellesly St.	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	Oviedo, FL 32765	
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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALAN, VICTOR		NAME	Alberto Maldonado	
STREET ADDRESS	1200 TISDAL CT.		STREET ADDRESS	752 River Boat Circle	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	Orlando, FL 32828	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANIOS, ROBERTO		NAME	Roberto Ramos	
STREET ADDRESS	1471 CANAL CROSS CT		STREET ADDRESS	1471 Canal Cross Ct.	
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JOHNNY		NAME		
STREET ADDRESS	1030 E BRANCHWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  1/20/2006 407359008