2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 709687

Entity Name: REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

FILED
Jul 12, 2018
Secretary of State
CC0793537376

Current Principal Place of Business:

402 W MAIN STREET

IMMOLAKEE, FL 34142-3933

Current Mailing Address:

402 W MAIN STREET

IMMOLAKEE, FL 34142-3933 US

FEI Number: 59-1221966 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ISABEL 402 W MAIN STREET IMMOKALEE, FL 34142-3933 US

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.

SIGNATURE: ISABEL GARCIA 07/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title TD

Name KROME, MEDORA Name PRICE, STEVE
Address P.O. BOX 900596 Address PO BOX 2262

City-State-Zip: HOMESTEAD FL 33090 City-State-Zip: IMMOKALEE FL 34143

Title SD Title VD

NamePRINGLE, RICHARDNameSTUART, MICHAELAddress2125 FIRST STREET, SUITE #200AddressP.O. BOX 948153

City-State-Zip: FORT MYERS FL 33902 City-State-Zip: MAITLAND FL 32794

Title VD Title VD

Name BAYER, MICHAELT Name WISHNATZKI, GARY Address PO BOX 1765 Address PO BOX 1839

City-State-Zip: W. PALM BEACH FL 33406 City-State-Zip: PLANT CITY FL 33563

Title VD Title D

Name FERRARI, WILLIAM Name ROBLES DE MELENDEZ, WILMA

Address 300 BEACH DRIVE NE Address 3301 COLLEGE AVENUE

UNIT 1902 City-State-Zip: FORT LAUDERDALE FL 33314

City-State-Zip: ST. PETERSBURG FL 33701

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ISABEL GARCIA INTERIM EXECUTIVE 07/12/2018
DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP, DIRECTOR

Name MILES-ADAMS, LINDA
Address 6383 MACLAURIN DRIVE

City-State-Zip: TAMPA FL 33647

Title VP, DIRECTOR
Name SALUSTRO, LARRY

Address 235 OAK HAMMOCK CT., SW City-State-Zip: VERO BEACH FL 32962

Title D

Name HINSON, AL J

Address 903 S. PINELAND AVENUE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR

Name HIGHTOWER, SANDRA
Address 6780 LAKE CLARK DRIVE
City-State-Zip: LAKELAND FL 33813

Title PARENT

Name ESTEVEZ, MARCELA
Address 2205 HARVARD CT.
City-State-Zip: RIVERVIEW FL 33598

Title PARENT
Name JOSE, FELIX

Address 3102 SAMMONDS ROAD APT #82

City-State-Zip: PLANT CITY FL 33563

Title PARENT

Name MCCLENDON, FELECIA

Address 157 SOUTH COUNTRY ROAD 21

City-State-Zip: HAWTHORNE FL 32148

Title PARENT

Name MARTINEZ, MARICRUZ
Address 18240 A HWY 301
City-State-Zip: WIMAUMA FL 33598

Title PARENT

Name LARA, BERNARDA

Address 1920 GERBER DAIRY ROAD
City-State-Zip: WINTER HAVEN FL 33880

Title PARENT

Name AGUILAR, TIARELYS

Address 800 SW AVENUE K & 8TH STREET

City-State-Zip: MOORE HAVEN FL 33471

Title PARENT

Title D

Name PEREZ, JOAQUIN
Address 251 BOCA CIEGO ROAD
City-State-Zip: MASCOTTE FL 34753

Title D

Name WEISINGER, JAIME

Address 315 E. NEW MARKET ROAD

City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR

Name ALLISON, CHUCK

Address 3330 LAKE SHORE DRIVE City-State-Zip: ORLANDO FL 32803

Title PARENT

Name JUAREZ, MARIA
Address 2509 NETTLOW LANE

City-State-Zip: WIMAUMA FL 33598

Title DIRECTOR

Name KENDRICK, GLORIA

Address 1537 SW HARLEM CIRCLE

City-State-Zip: ARCADIA FL 34266

Title PARENT

Name GONZALEZ, IRMA
Address 123 N. 4TH STREET
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR

Name GARCIA, ISABEL

Address 402 W. MAIN STREET

City-State-Zip: IMMOKALEE FL 34142

Title PARENT

Name CUAHUTENANGO, MALENA
Address 4441 ACADEMY DRIVE
City-State-Zip: MULBERRY FL 33860

Title PARENT

Name HUNTER, SAVANNAH
Address 1183 W. GAMBLE STREET
City-State-Zip: MOORE HAVEN FL 33471

Title PARENT

Name CAMPUZANO, HUGO
Address 509 HOPE CIRCLE
City-State-Zip: IMMOKALEE FL 34142

Name CARRERA, FERNANDO
Address 123 N. 4TH STREET
City-State-Zip: IMMOKALEE FL 34142