

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709687

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC8233017645**

**Entity Name:** REDLANDS CHRISTIAN MIGRANT ASSOCIATION, INC.

**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:** Yes

**Name and Address of Current Registered Agent:**

MAINSTER, BARBARA  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name KROME, MEDORA  
Address P.O. BOX 900596  
City-State-Zip: HOMESTEAD FL 33090

Title VD  
Name THOMAS, FRED  
Address 1205 ORCHID AVE  
City-State-Zip: IMMOKALEE FL 34142

Title TD  
Name PRICE, STEVE  
Address PO BOX 2262  
City-State-Zip: IMMOKALEE FL 34143

Title D  
Name MAINSTER, BARBARA  
Address 402 W MAIN STREET  
City-State-Zip: IMMOKALEE FL 34142

Title SD  
Name PRINGLE, RICHARD  
Address 2125 FIRST STREET, SUITE #200  
City-State-Zip: FORT MYERS FL 33901

Title PD  
Name STUART, MICHAEL  
Address P.O. BOX 948153  
City-State-Zip: MAITLAND FL 32794

Title VD  
Name BAYER, MICHAEL T  
Address PO BOX 1765  
City-State-Zip: W. PALM BEACH FL 33406

Title VD  
Name WISHNATZKI, GARY  
Address PO BOX 1839  
City-State-Zip: PLANT CITY FL 33563

**Continues on page 2**

*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:** BARBARA MAINSTER

**DIRECTOR**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VD  
Name STEPHENS, LAURETTA  
Address 3520 DAUPHINE STREET  
City-State-Zip: SEBRING FL 33870

Title VD  
Name JIMENEZ, CLAUDIA L  
Address 925 TULIP LANE  
City-State-Zip: VERO BEACH FL 32963