

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709687

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**2867573341CC**

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

**Current Principal Place of Business:**

402 W MAIN STREET  
IMMOKALEE, FL 34142-3933

**Current Mailing Address:**

402 W MAIN STREET  
IMMOKALEE, FL 34142-3933 US

**FEI Number:** 59-1221966

**Certificate of Status Desired:** Yes

**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

02/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY, DIRECTOR  
Name PRINGLE, RICHARD W. P.A.  
Address 2125 FIRST STREET, SUITE #500  
City-State-Zip: FORT MYERS FL 33901

Title VP, DIRECTOR  
Name BAYER, MICHAEL T  
Address PO BOX 1765  
City-State-Zip: WEST PALM BEACH FL 33402

Title DIRECTOR  
Name ROBLES DE MELENDEZ, WILMA PHD  
Address 3301 COLLEGE AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33314

Title PRESIDENT, CHAIRMAN, DIRECTOR  
Name MILES, LINDA A.  
Address 6383 MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

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

Title TREASURER, DIRECTOR  
Name SALUSTRO, LARRY  
Address 235 OAK HAMMOCK CT. SW  
City-State-Zip: VERO BEACH FL 32962

Title VP, DIRECTOR  
Name WEISINGER, JAIME  
Address 315 E. NEW MARKET ROAD  
City-State-Zip: IMMOKALEE FL 34142

**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:** ISABEL GARCIA

**EXECUTIVE DIRECTOR**

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HINSON, AL J.  
Address 903 S. PINELAND AVENUE  
City-State-Zip: AVON PARK FL 33825

Title HONORARY BOARD MEMBER  
Name KENDRICK, GLORIA  
Address 1537 SW HARLEM CIRCLE  
City-State-Zip: ARCADIA FL 34266

Title VP, DIRECTOR  
Name MAINSTER ROLLASON, BARBARA  
Address 14940 OLD OLGA ROAD  
City-State-Zip: FORT MYERS FL 33905

Title VP, DIRECTOR  
Name GAFFNEY, DONNA  
Address 2091 OCEANVIEW DRIVE  
City-State-Zip: TIERRA VERDE FL 33715

Title DIRECTOR  
Name TIGHE, SONIA  
Address 16124 BRECON PALMS PLACE  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name DOWLING, AEDAN J.  
Address 6839 BAY HILL DRIVE  
City-State-Zip: BRADENTON FL 34202

Title PARENT  
Name PASCUAL, LEONEL  
Address 1402 W. KNIGHTS GRIFFIN RD  
City-State-Zip: PLANT CITY FL 33565

Title PARENT  
Name HERNANDEZ, ARACELI  
Address 14710 SWEET CHARLIE CIRCLE  
City-State-Zip: BALM FL 33598

Title PARENT  
Name HAWKINS, YENIFER  
Address 2725 16TH AVE. EAST  
City-State-Zip: PALMETTO FL 34221

Title PARENT  
Name MASUM, WENDY  
Address 1200 OLD JACKSON RD  
City-State-Zip: PALATKA FL 32177

Title PARENT  
Name HEADLEY, ELETISHA

Title VP, DIRECTOR  
Name HIGHTOWER, SANDRA L. PHD  
Address 6780 LAKE CIRCLE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title EXECUTIVE DIRECTOR  
Name GARCIA, ISABEL  
Address 402 W. MAIN STREET  
City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR  
Name VALLEJO, ANSBERTO  
Address 10066 CREEK BLUFF DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title PARENT REPRESENTATIVE  
Name DE LA CRUZ, EMIG  
Address 1402 W. KNIGHTS GRIFFIN RD.  
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR  
Name BIZERRA, SUSANNE A.  
Address 138 WOODCREST COURT  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name NEGRINI, MIRTA  
Address 1460 ROBBIA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title PARENT  
Name VARGAS, LORENZA  
Address 4441 ACADEMY DRIVE  
City-State-Zip: MULBERRY FL 33860

Title PARENT  
Name MORALES, CECILIA  
Address 19420 SW 379TH ST.  
City-State-Zip: IMMOKALEE FL 33034

Title PARENT  
Name VALERIO, VENESSA J.  
Address 404 BERTHA FULSE ST.  
City-State-Zip: BOWLING GREEN FL 33834

Title PARENT  
Name BAKER, ALEXIS  
Address 157 SOUTH COUNTY ROAD 21  
City-State-Zip: HAWTHORNE FL 32148

Title PARENT  
Name WILSON, SHERON  
Address 121 MARTIN LUTHER KING BLVD.

Address 14 SOUTH SCHOOL AVE.

City-State-Zip: SEBRING FL 33870

City-State-Zip: ARCADIA FL 34266