

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 709687

**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:** No

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

STEPANIAN, GAYANE  
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:** GAYANE STEPANIAN

03/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SD  
Name PRINGLE, RICHARD  
Address 2125 FIRST STREET, SUITE #200  
City-State-Zip: FORT MYERS FL 33902

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

Title VD  
Name FERRARI, WILLIAM  
Address 300 BEACH DRIVE NE  
UNIT 1902  
City-State-Zip: ST. PETERSBURG FL 33701

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

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

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

Title D  
Name ROBLES DE MELENDEZ, WILMA  
Address 17831 SW 4TH CT.  
City-State-Zip: PEMBROKE PINES FL 33029

**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:** GAYANE STEPANIAN

**DIRECTOR**

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name LUIS, NELSON  
Address 16127 CARDEN DRIVE  
City-State-Zip: ODESSA FL 33556

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

Title D  
Name ENGLISH, KATHERINE R  
Address 1833 HENDRY STREET  
City-State-Zip: FORT MYERS FL 33902

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

Title DIRECTOR  
Name ALLISON, CHUCK  
Address 3330 LAKE SHORE DRIVE  
City-State-Zip: ORLANDO FL 32803

Title OTHER  
Name JIMENEZ, CELIA  
Address 123 N. 4TH STREET  
City-State-Zip: IMMOKALEE FL 34142

Title OTHER  
Name ESTEVEZ, MARCELA  
Address 2205 HARVARD CT.  
City-State-Zip: RIVERVIEW FL 33578

Title DIRECTOR  
Name JAIMES, MINERVA  
Address 577 SW 5TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title OTHER  
Name SANTIAGO, JESSICA  
Address 3103 SAN JOSE MISSION DRIVE  
City-State-Zip: DOVER FL 33527

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

Title OTHER  
Name BURKE NIEVES, NATALIE

Title D  
Name MILES-ADAMS, LINDA  
Address 6383 MACLAURIN DRIVE  
City-State-Zip: TAMPA FL 33647

Title D  
Name SALUSTRO, LARRY  
Address 1759 CORAL WAY NORTH  
City-State-Zip: VERO BEACH FL 32963

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

Title OTHER  
Name MURRILLO, ARACELI  
Address 123 N. 4TH STREET  
City-State-Zip: IMMOKALEE FL 34142

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

Title OTHER  
Name JUAREZ, MARIA  
Address 2509 NETTLOW LANE  
City-State-Zip: WIMAUMA FL 33598

Title DIRECTOR  
Name KENDRICK, GLORIA  
Address 6780 LAKE CLARK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title OTHER  
Name JOSE, FELIX  
Address 3102 SAMMONDS ROAD APT #82  
City-State-Zip: PLANT CITY FL 33563

Title OTHER  
Name JOSE, SEGISMUNDO  
Address 14710 SWEET CHARLE CIRCLE  
City-State-Zip: BALM FL 33598

Title OTHER  
Name PERALTA, YUDID  
Address 19280 SW 378TH STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title OTHER  
Name MCCLENDON, FELECIA  
Address 157 SOUTH COUNTRY ROAD 21

Address 551 W. COWBOY WAY

City-State-Zip: LABELLE FL 33935

Title OTHER

Name FUENTES, GLORIA A

Address 509 HOPE CIRCLE

City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR

Name STEPANIAN, GAYANE

Address 402 W. MAIN STREET

City-State-Zip: IMMOKALEE FL 34142

Title DIRECTOR

Name MARTINEZ, ILDA

Address 8460 BOARDWALK TRAIL DRIVE  
APT. 721B

City-State-Zip: MULBERRY FL 33637

City-State-Zip: HAWTHORNE FL 32148

Title OTHER

Name WILLIAMS, BRADLEY G

Address 2590 COUNTY ROAD 760A

City-State-Zip: NOCATEE FL 34268

Title DIRECTOR

Name GARCIA, ISABEL

Address 402 W. MAIN STREET

City-State-Zip: IMMOKALEE FL 34142