

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11395

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**8905348583CC**

**Entity Name:** REDEMPTORIST FATHERS OF FLORIDA, INC.

**Current Principal Place of Business:**

313 HILLMAN ST.  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

313 HILLMAN ST.  
P O BOX 1529  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 13-1635280

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, LUZ E  
313 HILLMAN STREET  
NEW SMYRNA BEACH, FL 32168 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 VP, DIRECTOR  
Name PARKER, GLENN D  
Address 313 HILLMAN ST.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER, DIRECTOR  
Name SATTLER, HENRY  
Address 7509 SHORE RD.  
City-State-Zip: BROOKLYN NY 11209

Title ASST. TREASURER, DIRECTOR  
Name DIONNE, JEFFREY DIONNE  
Address 313 HILLMAN ST.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECRETARY, DIRECTOR  
Name BURKE, THOMAS  
Address 313 HILLMAN ST.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title ASST. SECRETARY, DIRECTOR  
Name NELSON, FRANCIS  
Address 313 HILLMAN ST.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PRESIDENT  
Name BOROWSKI, PAUL  
Address 7509 SHORE ROAD  
City-State-Zip: BROOKLYN NY 11209

*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:** GLENN D PARKER

VP

03/05/2019

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

\_\_\_\_\_  
Date