

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11395

FILED
Feb 05, 2015
Secretary of State
CC0998220282

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 FALISKIE, EDMUND
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/DIRECTOR

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date