

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11395

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: 59-1857442

Certificate of Status Desired: No

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 COLLINS, RAYMOND
Address 313 HILLMAN ST.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER, DIRECTOR
Name SATTLER, HENRY
Address 3112 7TH STREET, NE
City-State-Zip: WASHINGTON DC 20017

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

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

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

Title PRESIDENT
Name BOROWSKI, PAUL
Address 3112 7TH STREET, NE
City-State-Zip: WASHINGTON DC 20017

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: RAYMOND COLLINS

TREASURER

10/17/2022

Electronic Signature of Signing Officer/Director Detail

Date