2019 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

Name and Address of Current Registered Agent:

RODRIGUEZ, LUZ E 313 HILLMAN STREET NEW SMYRNA BEACH, FL 32168 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	VP, DIRECTOR	Title	TREASURER, DIRECTOR
Name	COLLINS, RAYMOND	Name	SATTLER, HENRY
Address	313 HILLMAN ST.	Address	7509 SHORE RD.
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	BROOKLYN NY 11209
T :0 -	ADDE TREADURED DIRECTOR	Title	SECRETARY DIRECTOR
Title	ASST. TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	PARKER, GLENN D	Name	BURKE, THOMAS
Address	313 HILLMAN ST.	Address	313 HILLMAN ST.
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	ASST. SECRETARY, DIRECTOR	Title	PRESIDENT
Name	NELSON, FRANCIS	Name	BOROWSKI, PAUL
Address	313 HILLMAN ST.	Address	7509 SHORE ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32168	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

ASST. TREASURER

08/08/2019

Date

Electronic Signature of Signing Officer/Director Detail

FILED Aug 08, 2019 Secretary of State 9776939992CC