

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90173 019 \*\*\*\*75.00

**DOCUMENT # 744831**

1. Entity Name

FUNDACION MISIONERA REDENCION, INC.



Principal Place of Business

15611 NW 45 AVENUE  
CAROL CITY FL 33056

Mailing Address

3930 NW 175TH ST.  
CAROL CITY FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2821510

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLANCO, LUGINIO (REV)  
121 N.W. 4TH. AVE.  
DANIA, FL. FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME POLANCO, LUGINIO (REV) ☐ Delete  
STREET ADDRESS 3930 N.W. 175TH ST.  
CITY-ST-ZIP CAROL CITY FL 33056

TITLE VP  
NAME RODRIGUEZ, LUCIANO ☐ Delete  
STREET ADDRESS 9 ARABIA AVE.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE SD  
NAME POLANCO, EVA ☐ Delete  
STREET ADDRESS 3930 N.W. 175TH ST.  
CITY-ST-ZIP CAROL CITY FL 33056

TITLE TD  
NAME RODRIGUEZ, EVA ☐ Delete  
STREET ADDRESS 9 ARABIA AVE.  
CITY-ST-ZIP OPA-LOCKA FL

TITLE D  
NAME ALAGASTINO, HECTOR ☐ Delete  
STREET ADDRESS 4040 N.E.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D  
NAME ALASASTINO, HERMINIA ☐ Delete  
STREET ADDRESS 4040 N.E.  
CITY-ST-ZIP POMPANO BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Luginio Polanco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Home Ph- 305-624-3822  
C1-ph-305-332-8654

Date

Daytime Phone #