

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 025 \*\*\*\*74.75

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2821510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

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

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

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

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

TITLE D ☐ Delete  
NAME ALASASTINO, HERMINIA  
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

TITLE ☐ Change ☐ Addition  
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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 Chapter 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* - Luginio Polanco - Pdfe - 4-24-08 - 305-624-38-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 22