

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11395

FILED
Jan 07, 2009
Secretary of State

Entity Name: REDEMPTORIST FATHERS OF FLORIDA, INC.

Current Principal Place of Business:

313 HILLMAN ST.
NEW SMYRNA BEACH, FL 32170

New 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

New Mailing Address:

FEI Number: 13-1635280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSS, WILLIAM L JR
221 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32069 US

Name and Address of New 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: LUZ E. RODRIGUEZ 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S/D () Delete
Name: SOUSA, PETER
Address: 313 HILLMAN STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D () Delete
Name: PARKER, GLENN
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V/D () Delete
Name: CHAVARRIA, JEROME
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T/D () Delete
Name: KNAPP, GERARD
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY

Title: S/D () Delete
Name: PARKER, GLENN
Address: 313 HILLMAN ST.
City-St-Zip: NEW SMYRNA BEACH, FL

Title: P () Delete
Name: WOODS, PATRICK
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: FALISKIE, EDMUND
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WOODS, PATRICK
Address: 7509 SHORE RD.
City-St-Zip: BROOKLYN, NY 11209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEROME CHAVARRIA V/D 01/07/2009
Electronic Signature of Signing Officer or Director Date