

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004762

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** RESURRECTION LIFE OF ORLANDO, INC.

**Current Principal Place of Business:**

4816 LAKE CARLTON DRIVE  
TANGERINE, FL 32777

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 712  
TANGERINE, FL 327770712

**New Mailing Address:**

**FEI Number:** 35-2172200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, DONALD G  
1221 LEE ROAD  
SUITE 103  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MINCEY, MARY ANNA  
Address: P.O. BOX 712  
City-St-Zip: TANGERINE, FL 327770712

Title: D ( ) Delete  
Name: BROWN, MURRAY E  
Address: 644 W. WINTER PARK STREET  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: MORRISON, DONALD G  
Address: 878 LITTLE BEND ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY ANNA MINCEY

P/D

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date