

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36712

(0)

1. Corporation Name

**AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC
 ORPORATED**

Principal Place of Business

Mailing Address

5129 72ND ST. E.
 BRADENTON FL 34203
 US

5129 72ND ST. E.
 5707 45TH ST E. #34
 BRADENTON FL 34203
 US

2. Principal Place of Business

2a Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**WINTERS, MARK
 8021 55TH ST., EAST
 STE 34
 PALMETTO FL 34221**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD [] DELETE
 NAME WINTERS, MARK
 STREET ADDRESS 8021 55TH ST., EAST
 CITY-STATE-ZIP PALMETTO FL
 TITLE TD [X] DELETE
 NAME TANIS, ELSIE
 STREET ADDRESS 4504 4TH AVE., DR., EAST
 CITY-STATE-ZIP BRADENTON FL
 TITLE SD [] DELETE
 NAME CROCKETT, RUTH
 STREET ADDRESS 5060 PRIME TERRACE
 CITY-STATE-ZIP NORTH PORT FL
 TITLE D [X] DELETE
 NAME DEEM, CONNIE
 STREET ADDRESS 8609 27TH AVE. EAST, 21-D
 CITY-STATE-ZIP PALMETTO FL
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-STATE-ZIP [] DELETE

1.1 TITLE [] Change [] Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP
 2.1 TITLE [] Change [X] Addition
 2.2 NAME Helen Media
 2.3 STREET ADDRESS 3135 59th Ave Dr W C 105
 2.4 CITY-STATE-ZIP Bradenton, FL 34210
 3.1 TITLE [] Change [] Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP
 4.1 TITLE [] Change [X] Addition
 4.2 NAME Margaret Benedetto
 4.3 STREET ADDRESS 6208 Greenview Circle
 4.4 CITY-STATE-ZIP Sarasota, FL 34231
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP
 6.1 TITLE [] Change [] Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-ZIP

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Winters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/98 (10) P.M.
 Date Daytime Phone #