

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36712

1. Corporation Name

AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC ORPORATED

Principal Place of Business

5129 72ND ST. E. BRADENTON FL 34203 US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 5129 72nd St. E.

28 City & State

29 34203 30 USA

3. Date Incorporated or Qualified

02/21/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Winters, Mark  
82 Street Address (P.O. Box Number is Not Acceptable) 8021 55th St. East  
83  
84 City Palmetto, FL 85 Zip Code 34221

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]

1-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD [ ] DELETE

NAME WINTERS, MARK  
STREET ADDRESS 8021 55TH ST., EAST  
CITY-ST-ZIP PALMETTO FL

TITLE TD [X] DELETE

NAME MEOLA, HELEN  
STREET ADDRESS 3425 59TH AVE CR W C 105  
CITY-ST-ZIP BRADENTON FL 34210

TITLE SD [ ] DELETE

NAME CROCKETT, RUTH  
STREET ADDRESS 5060 PRIME TERRACE  
CITY-ST-ZIP NORTH PORT FL

TITLE D [ ] DELETE

NAME BONECUTTER, MARGARET  
STREET ADDRESS 6208 GREENVIEW CIRCLE  
CITY-ST-ZIP SARASOTA FL 34231

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE [ ] Change [X] Addition

2.2 NAME Darlene Axel  
2.3 STREET ADDRESS 2629 38th St. E.  
2.4 CITY-ST-ZIP Palmetto, FL 34221

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0065794

CR2E037 (11/98)