


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90058 033 ****61.25

DOCUMENT # N22077							
1. Entity Name FLORIDA RESURRECTION HOUSE, INC.							
Principal Place of Business 800 11 STREET N ST. PETERSBURG, FL 33713 US			Mailing Address 800 11 STREET N ST. PETERSBURG, FL 33713 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2837168			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SINCLAIR, CYNTHIA H 4912 MILANO CT NE SAINT PETERSBURG, FL 33703			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CD <input type="checkbox"/> Delete	TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RUSSELL, CAROL	NAME	Russell, Carol				
STREET ADDRESS	821 SHELL ISLE BLVD NE	STREET ADDRESS	142 Baypoint Drive NE				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	St. Petersburg, FL 33704				
TITLE	VCD <input type="checkbox"/> Delete	TITLE					
NAME	KYES, FORD	NAME					
STREET ADDRESS	403 CEDAR CT NE	STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	CITY-ST-ZIP					
TITLE	TSD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LEAGUE, PAMELA	NAME	League, Pamela				
STREET ADDRESS	5719 27TH AVE S	STREET ADDRESS	5719 27th Avenue S.				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	CITY-ST-ZIP	St. Petersburg, FL 33707				
TITLE	PCEO <input type="checkbox"/> Delete	TITLE					
NAME	SINCLAIR, CYNTHIA H	NAME					
STREET ADDRESS	701 MIRROR LAKE DRIVE, #108	STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP					
TITLE		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Moench, Christopher				
STREET ADDRESS		STREET ADDRESS	1101 Snell Isle Blvd. NE				
CITY-ST-ZIP		CITY-ST-ZIP	St. Petersburg, FL 33704				
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. 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 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: <i>Cynthia H. Sinclair</i>		Cynthia H. Sinclair		1-16=04 727 823-4742			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Telephone			