


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 038 ****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 800 11th street N.		3. Mailing Address 800 11th street N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		4. FEI Number 59-2837168	
Zip 33705		Country us		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINCLAIR, CYNTHIA H 4912 MILANO CT NE SAINT PETERSBURG, FL 33703			7. Name and Address of New Registered Agent 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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	CD RUSSELL, CAROL 142 BAYPOINT DRIVE NE SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KYES, FORD 403 CEDAR CT NE ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEAGUE, PAMELA 5719 27TH AVE S SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SINCLAIR, CYNTHIA H 701 MIRROR LAKE DRIVE, #108 ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOENCH, CHRISTOPHER 1101 SNELL ISLE BLVD NE SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Kyes, Ford 403 Cedar Ct. NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gwendolyn Johnson 970 Southern Pine Ct. NE St. Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Sinclair, Cynthia H. 4912 Milano Ct. NE St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D Moench, Christopher 1101 Snell Isle Blvd. NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D J. Claire Aucremann 1801 40th Ave. N. St. Petersburg, FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Cynthia H. Sinclair</u> Cynthia H. Sinclair 2-7-05 727-823-4742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					