

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22077

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FLORIDA RESURRECTION HOUSE, INC.

**Current Principal Place of Business:**

800 11TH STREET N  
SAINT PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 11TH STREET N  
SAINT PETERSBURG, FL 33705 US

**New Mailing Address:**

FEI Number: 59-2837168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SINCLAIR, CYNTHIA H  
4783 PALERMO CT, NE  
SAINT PETERSBURG, FL 33703 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: CD ( ) Delete  
Name: JOHNSON, GWENDOLLYN  
Address: 970 SOUTHERN PINE CT NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VCD ( ) Delete  
Name: ALEXANDER, BRONSON  
Address: 1530 COUNTRY CLUB RD N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: PCEO ( ) Delete  
Name: SINCLAIR, CYNTHIA H  
Address: 4783 PALERMO CT, NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete  
Name: EARLE, RICHARD  
Address: 555-13TH AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD (X) Delete  
Name: FAULKNET, CATHERINE  
Address: 8249 SIQUITA DR NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

**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:

Title: STD (X) Change ( ) Addition  
Name: FAULKNER, CATHERINE  
Address: 8249 SIQUITA DR NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA H. SINCLAIR

PCEO

04/08/2009

Electronic Signature of Signing Officer or Director

Date