reby 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 ur
n; 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 ap
ve, or on an attachment with all other like empowered.

I here ınder opears oath; above 03/02/2021

SIGNATURE: MICHAEL NEWMAN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	C	Title	D	
Name	PORFIDIO, JOSEPH	Name	HENSON-BOWDEN, CARLA	
Address	1989 COLONIAL DRIVE	Address	3692 WINDMOORE DRIVE	
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	JACKSONVILLE FL 32217-4238	
Title	T			
Name	NEWMAN, MICHAEL			
Address	4120 SHIRLEY AVENUE			
City-State-Zip:	JACKSONVILLE FL 32210			

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0900007599

Entity Name: RESURRECTION CHURCH ANGLICAN, INC.

#### **Current Principal Place of Business:**

4617 SAN JUAN AVENUE JACKSONVILLE, FL 32210

#### **Current Mailing Address:**

4617 SAN JUAN AVENUE JACKSONVILLE, FL 32210 US

#### FEI Number: 27-0719351

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

SASSER, JEANINE 3955 RIVERSIDE AVENUE **STE 204** JACKSONVILLE, FL 32210 US



Date

Date

TREASURER