

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004289

**Entity Name:** COMMUNITY OF RESURRECTED BELIEVERS INC.**Current Principal Place of Business:**2209 CURRY FORD ROAD  
ORLANDO, FL 32806**Current Mailing Address:**4861 LAKES EDGE LANE  
KISSIMMEE, FL 34744**FEI Number:** 46-2733027**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, KATHRYN  
2209 CURRY FORD ROAD  
ORLANDO, FL 32806 US*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:** KATHRYN JOHNSON

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, TERRY  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title VP  
Name SMITH, CAROL  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title S  
Name JOHNSON, KATHRYN D  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title T  
Name BROWN, CINDY  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name WILLIAMS, RONALD  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name TRAVIS, MARILYN D.  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name THOMAS, TERRELL  
Address 2209 CURRY FORD ROAD  
City-State-Zip: ORLANDO FL 32806

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROL SMITH

VP

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date