


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 020 \*\*\*\*61.25

0001155

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 765429**

1. Corporation Name  
**EPISCOPAL CHURCH OF THE RESURRECTION, INC.**

6 8 7 3 3 7 \*  
 607337 - 90006 - 20

Principal Place of Business 251 EAST LAKE BRANTLEY DR LONGWOOD FL 32779-4808	Mailing Address 251 EAST LAKE BRANTLEY DR LONGWOOD FL 32779-4808
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/15/1982	4. FEI Number 59-2243943	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

**THE REV JOSEPH SITTS**  
**251 E LAKE BRANTLEY DR.**  
**LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, Jr. Warden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLOCK, JOE	1.2 NAME	Mills, Ron
STREET ADDRESS	981 STONE CREEK CT	1.3 STREET ADDRESS	812 Greenshire Ct.
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTER, GLEN E	2.2 NAME	Grundy, Dianne
STREET ADDRESS	532 TIMBER RIDGE DRIVE	2.3 STREET ADDRESS	221 Milford Haven Cove
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARSDIE, JOHN	3.2 NAME	
STREET ADDRESS	2619 WINDCHIME CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	RD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTS, JOSEPH C REV.	4.2 NAME	
STREET ADDRESS	251 EAST LAKE BRANTLEY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/13/99 407-788-3704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)