


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90094 003 \*\*\*\*61.25

**DOCUMENT # N0100000057**

1. Entity Name  
**THE CHURCH OF THE RESURRECTION, INC.**



Principal Place of Business  
 2011 MERCY DRIVE  
 ORLANDO, FL 32808-5629

Mailing Address  
 2011 MERCY DRIVE  
 ORLANDO, FL 32808-5629



2. Principal Place of Business  
**250 Killarney Drive**

3. Mailing Address  
**250 Killarney Drive**

Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State  
**Winter Park, FL**

City & State  
**Winter Park, FL**

Zip  
**32789**

Country

4. FEI Number  
~~59-3266020~~ **01-0738924**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COSTANTINO, BISHOP FRANK**  
**2055 MERCY DRIVE**  
**ORLANDO, FL 32808-5629**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

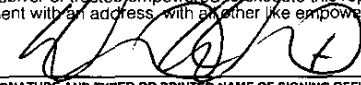
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>COSTANTINO, BISHOP FRANK</b> <b>2011 MERCY DRIVE</b> <b>ORLANDO, FL 328085629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BROWN, CHARLES</b> <b>2011 MERCY DRIVE</b> <b>ORLANDO, FL 328085629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BROWN, LORI C</b> <b>2011 MERCY DRIVE</b> <b>ORLANDO, FL 328085629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fr. David S. McDaniel</b> <b>250 Killarney Drive</b> <b>Winter Park, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rachel McDaniel</b> <b>250 Killarney Drive</b> <b>Winter Park, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rev. Michael E. Neibarger</b> <b>6304 Deggs Rd.</b> <b>Orlando, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Deborah Neibarger</b> <b>6304 Deggs Ra.</b> <b>Orlando, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 another like empowered.

**SIGNATURE:**  **David S. McDaniel** **4/17/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #