

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000057

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: THE CHURCH OF THE RESURRECTION, INC.

**Current Principal Place of Business:**

250 KILLARNEY DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 01-0738924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCDANIEL, DAVID S FR.  
535 GENIUS DRIVE  
WINTER PARK, FL 32789      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: D      ( ) Delete  
Name: MCDANIEL, DAVID S  
Address: 535 GENIUS DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: MCDANIEL, RACHEL  
Address: 535 GENIUS DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: GUZMAN, ERIK  
Address: 4174 HEIRLOOM ROSE PL  
City-St-Zip: OVIEDO, FL 32766

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: GUZMAN, ERIK  
Address: 1826 GRAND RUE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

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: FR. DAVID S. MCDANIEL

D

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date