

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

2/1

02-12-2003 90058 035 ****61.25

DOCUMENT # N01000000057

1. Entity Name

THE CHURCH OF THE RESURRECTION, INC.



Principal Place of Business

**2055 MERCY DRIVE
ORLANDO FL 32808-5629**

Mailing Address

**2055 MERCY DRIVE
ORLANDO FL 32808-5629**

2. Principal Place of Business

2011 Mercy Drive

Suite, Apt. #, etc.

3. Mailing Address

2011 Mercy Drive

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3266020

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, BISHOP FRANK	
STREET ADDRESS	2055 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808-5629	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	2055 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808-5629	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LORI C	
STREET ADDRESS	2055 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808-5629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costantino, Bishop Frank	
STREET ADDRESS	2011 Mercy Drive	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Charles	
STREET ADDRESS	2011 Mercy Drive	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Lori Costantino	
STREET ADDRESS	2011 Mercy Drive	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Day

Daytime Phone #

CR2E037 (10/02)