

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003062**

1. Entity Name  
**RESURRECTION HOUSE MISSION INCORPORATED**



Principal Place of Business  
**37240 LOCK ST  
DADE CITY, FL 33523**

Mailing Address  
**37240 LOCK ST  
DADE CITY, FL 33523**



02062007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-1270857**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROMO, MARGARITA  
37240 LOCK ST  
DADE CITY, FL 33523**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROMO, MARGARITA
STREET ADDRESS	37240 LOCK STREET
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	TAYLOR, HOWIE
STREET ADDRESS	7707 QUAIL HOLLOW BLVD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	T
NAME	BROWN, JAMES
STREET ADDRESS	37246 LOCK STREET
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	V
NAME	CHACON, MARGARITA
STREET ADDRESS	38026 BARY MOORE RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	DELASIN, MARY
STREET ADDRESS	5460 MILLBROOK WAY
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	VETTER, EUGENE REV.
STREET ADDRESS	1555 WINDMILL POINTE RD
CITY-ST-ZIP	PALM HARBOR, FL 34685

000000628774  
02/16/07-80031-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES BROWN**

**2/6/07**

Date

**352-567-1432**

Daytime Phone #