

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003062

FILED
Apr 30, 2009
Secretary of State

Entity Name: RESURRECTION HOUSE MISSION INCORPORATED

Current Principal Place of Business:

37240 LOCK ST
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

37240 LOCK ST
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 48-1270857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMO, MARGARITA
37240 LOCK ST
DADE CITY, FL 33523 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: P () Delete
Name: ROMO, MARGARITA
Address: 37240 LOCK STREET
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: TAYLOR, HOWIE
Address: 7707 QUAIL HOLLOW BLVD
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: T () Delete
Name: BROWN, JAMES
Address: 37246 LOCK STREET
City-St-Zip: DADE CITY, FL 33523

Title: V () Delete
Name: MORALES, JESUS
Address: 37421 LOCK STREET
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: DELASIN, MARY
Address: 5460 MILLBROOK WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: VETTER, EUGENE REV.
Address: 1555 WINDMILL POINTE RD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MARGARITA ROMO

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date