FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90231 004 ****61.25

ANNUAL REPORT

DOCUMENT # N02000004762

1. Entity Name
RESURRECTION LIFE OF ORLANDO, INC.

Principal Place of Business
4816 LAKE CARLTON DRIVE
TANGERINE, FL 32777

Mailing Address
P.O. BOX 712
TANGERINE, FL 32777-0712

DO NOT WRITE IN THIS SPACE

04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 35-2172200 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, DONALD G
1221 LEE ROAD
SUITE 103
ORLANDO, FL 32810

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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 ______________________________

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MINCEY, MARY ANNA
STREET ADDRESS	P.O. BOX 712
CITY-ST-ZIP	TANGERINE, FL 327770712
TITLE	D
NAME	BROWN, MURRAY E
STREET ADDRESS	644 W. WINTER PARK STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	MORRISON, DONALD G
STREET ADDRESS	878 LITTLE BEND ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Anna Mincey 4-24-04 (321) 624-5746 Cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #