

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004762

FILED
Apr 28, 2007
Secretary of State

Entity Name: RESURRECTION LIFE OF ORLANDO, INC.

Current Principal Place of Business:

4816 LAKE CARLTON DRIVE
TANGERINE, FL 32777

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 712
TANGERINE, FL 327770712

New Mailing Address:

FEI Number: 35-2172200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, DONALD G
1221 LEE ROAD
SUITE 206
ORLANDO, FL 32810 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: PD () Delete
Name: MINCEY, MARY ANNA
Address: 4816 LAKE CARLTON DRIVE
City-St-Zip: TANGERINE, FL 32777

Title: VD () Delete
Name: MORRISON, DONALD G
Address: 878 LITTLE BEND ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: MURPHY, VICKI
Address: 1903 WEST PATRICK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: GARI-COLON, FRANCES
Address: 12963 MALLORY CIRCLE, APT. 201
City-St-Zip: ORLANDO, FL 32828

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: T (X) Change () Addition
Name: GARI-COLON, FRANCES
Address: 4310 RIVER ROCK LANE
City-St-Zip: RIVERVIEW, FL 33569

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: MARY ANNA MINCEY

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date