2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004762

Entity Name: RESURRECTION LIFE OF ORLANDO, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4816 LAKE CARLTON DRIVE 4816 LAKE CARLTON DRIVE TANGERINE, FL 32777 US

Current Mailing Address: New Mailing Address:

P.O. BOX 712 P.O. BOX 712

TANGERINE, FL 327770712 TANGERINE, FL 327770712 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRISON, DONALD G 1221 LEE ROAD SUITE 206 ORLANDO, FL 32810 US

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:

Clastrania Ciarachura of Danistana d'Anant

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: 4310 RIVER ROCK LANE City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: MINCEY, MARY ANNA
Address: 4816 LAKE CARLTON DRIVE
City-St-Zip: TANGERINE, FL 32777 US

Title: VD (X) Change () Addition

Name: MORRISON, DONALD G Address: 878 LITTLE BEND ROAD

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SD (X) Change () Addition

Name: MURPHY, VIČKI

Address: 1903 WEST PATRICK STREET City-St-Zip: KISSIMMEE, FL 34741 US

Name: GARI-COLON, FRANCES
Address: 9316 RIVER ROCK LANE
City-St-Zip: RIVERVIEW, FL 33569 US

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 P 04/29/2008