

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004762

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** RESURRECTION LIFE OF ORLANDO, INC.

**Current Principal Place of Business:**

4816 LAKE CARLTON DRIVE  
MOUNT DORA, FL 327577114 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 712  
TANGERINE, FL 327770712 US

**New Mailing Address:**

P.O. BOX 348  
MOUNT DORA, FL 327560348 US

**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  
Name: MINCEY, MARY-ANNA  
Address: 4816 LAKE CARLTON DRIVE  
City-St-Zip: MOUNT DORA, FL 327577114 US

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

Title: TD  
Name: HEMPHILL, FRANK W  
Address: 812 CAROL COURT  
City-St-Zip: TAVARES, FL 32778 US

Title: SD  
Name: ROBINSON, JOHN F  
Address: 1934 GREYSTONE TRAIL  
City-St-Zip: ORLANDO, FL 32818 US

I hereby 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 all other like empowered.

SIGNATURE: DONALD G. MORRISON

V

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date