

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007496

FILED
Apr 26, 2008
Secretary of State

Entity Name: RESURRECTION LIFE COMMUNITY & ECONOMIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

405 IXORIA AVE
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

405 IXORIA AVE
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 83-0413009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, TREVOR R
405 IXORIA AVE
FT PIERCE, FL 34982 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: BANKS, TREVOR
Address: 405 IXORIA AVE
City-St-Zip: FT PIERCE, FL 34982

Title: VP () Delete
Name: BANKS, MARTHA
Address: 405 IXORIA AVE
City-St-Zip: FT PIERCE, FL 34982

Title: S () Delete
Name: LAING, VALROSE
Address: 2912 SE BELLA RD
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BANKS, TREVOR
Address: 405 IXORIA AVE
City-St-Zip: FT PIERCE, FL 34982

Title: P (X) Change () Addition
Name: BANKS, MARTHA
Address: 405 IXORIA AVE
City-St-Zip: FT PIERCE, FL 34982

Title: S (X) Change () Addition
Name: ALEXANDRIANA, JOHNSON
Address: 2038 SE MANTUA ST
City-St-Zip: PORT ST LUCIE, FL 34952

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: MARTHA BANKS

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date