


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N04880	
1. Entity Name RESURRECTION COMMUNITY CHURCH, INC.	

Principal Place of Business 3215 BELL SHOALS ROAD BRANDON, FL 33511	Mailing Address 3215 BELL SHOALS ROAD BRANDON, FL 33511
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2439934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RADD, WAYNE 802 SCENIC HEIGHTS DR. BRANDON, FL 33511

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADD, WAYNE W P 802 SCENIC HEIGHTS DR. BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRASSEUR, DOROTHY 1927 CAMP FL. RD, #A BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, MARK 10019 KENLAKE DR. RIVERVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARREH, JIM 12119 SHADOW RUN BLVD RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000630851
04/12/07-80006-022 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wayne Radd **WAYNE RADD** MARCH 29, 2007 813-685-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #