

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 024 \*\*\*\*61.25

**DOCUMENT # N05000001277**

1. Entity Name

**RESURRECTION AND LIFE MINISTRIES OF LARGO INC.**



Principal Place of Business

2043 S.W. 24TH ST  
LARGO FL 33774

Mailing Address

2043 S.W. 24TH ST  
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

400 N. Highland Ave  
Highland Recreation Complex

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY Room

City & State

Largo FL.

City & State

Zip

33770

Country

Pidellas

Zip

Country

4. FEI Number

33-1111509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACK, JAMES E SR.  
2043 S.W. 24TH ST  
LARGO FL 33774

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MACK, JAMES E PASTOR  
STREET ADDRESS 2043 S.W. 24TH ST  
CITY-ST-ZIP LARGO FL 33774

TITLE SV ☐ Delete  
NAME MACK, FLORETHA  
STREET ADDRESS 2043 S.W. 24TH ST  
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ Delete  
NAME SULLIVAN, MARY  
STREET ADDRESS 2936A TANGLEWOOD DR.  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James E. Mack James E. Mack  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06

Date

(727) 581-5230

Daytime Phone #