

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-02-2007 90101 018 *****61.21
N05000001277

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1st MOORE CR2E037 (10/06)

DOCUMENT # N05000001277 1. Entity Name RESURRECTION AND LIFE MINISTRIES OF LARGO INC.					
Principal Place of Business 400 NORTH HIGHLAND AVE HIGHLAND RECREATION COMPLEX BAY ROOM LARGO FL 33774 LARGO FL 33770				Mailing Address 2043 S.W. 24TH ST LARGO FL 33774	
2. Principal Place of Business - No P.O. Box # 1301 Seminole Blvd. Suite, Apt. #, etc. 115		3. Mailing Address 2043 S.W. 24th ST. Suite, Apt. #, etc.			
City & State LARGO FL.		City & State LARGO FL.		4. FEI Number 33-1111509	
Zip 33770		Country PINELAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, JAMES E SR. 2043 S.W. 24TH ST LARGO FL 33774				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering) DATE _____					
FILE NOW: 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		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACK, JAMES E PASTOR 2043 S.W. 24TH ST LARGO FL 33774 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV MACK, FLORETHA 2043 S.W. 24TH ST LARGO FL 33774 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SULLIVAN, MARY 2936A TANGLEWOOD DR. CLEARWATER FL 33759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Sr. JAMES E. MACK SR.			3-21-07 1727581-5230		