

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N06718** (3)  
1. Corporation Name

95 JAN 23 AM 9:04

CHURCH OF THE RESURRECTION PARISH, INC.

Principal Place of Business

Mailing Address

572 MOONEY RD  
FT WALTON BEACH FL 32548  
US

PO BOX 5441  
FT WALTON BEACH FL 32549  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1984** 3a. Date of Last Report **03/09/1984**

4. FEI Number **59-2714988** Applied For  Not Applicable

2. Principal Place of Business 21 2a. Mailing Address 26

Suite, Apt. #, etc. 22 27

City & State 23 28

Zip 24 Country 25 Zip 29 Country 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, RAYMON, C  
21 WARWICK DR  
SHALIMAR FL 32579

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PD  
NAME RADEKER, WALTER  
STREET ADDRESS 268 BRIARWOOD CIR  
CITY-ST-ZIP FT WALTON BCH FL

1.1 TITLE PD  
1.2 NAME WALTERS, WILLIAM  
1.3 STREET ADDRESS ~~268~~ 265 BRIARWOOD CIR  
1.4 CITY-ST-ZIP FT. WALTON BEACH, FL

TITLE D  
NAME MILEY, NORMAN, L  
STREET ADDRESS 302 A SUDDATH CIR  
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE VD  
2.2 NAME PADDEN, ROBERT  
2.3 STREET ADDRESS 511 MOONEY RD  
2.4 CITY-ST-ZIP FT WALTON BEACH, FL

TITLE VD  
NAME WALTERS, WILLIAM  
STREET ADDRESS 265 BRIARWOOD CIR  
CITY-ST-ZIP FT WALTON BCH FL

3.1 TITLE DS  
3.2 NAME RADEKER, WALTER  
3.3 STREET ADDRESS 268 BRIARWOOD CIR  
3.4 CITY-ST-ZIP FT. WALTON BEACH, FL

TITLE D  
NAME FISHER, SUZI  
STREET ADDRESS 285 BRIARWOOD CIR  
CITY-ST-ZIP FT WALTON BCH FL

4.1 TITLE I  
4.2 NAME MILLER, KENNETH  
4.3 STREET ADDRESS RT 1, BOX 455  
4.4 CITY-ST-ZIP Crestview, FL

TITLE DS  
NAME HARDEN, ALICE  
STREET ADDRESS 1 BAY COVE LANE  
CITY-ST-ZIP SHALIMAR FL

5.1 TITLE D  
5.2 NAME HARDEN, ALICE  
5.3 STREET ADDRESS 1 BAY COVE LANE  
5.4 CITY-ST-ZIP SHALIMAR, FL

TITLE I  
NAME MILLER, KENNETH W  
STREET ADDRESS RT 1 BOX 455  
CITY-ST-ZIP CRESTVIEW FL

6.1 TITLE D  
6.2 NAME FISHER, SUZI  
6.3 STREET ADDRESS 285 Briarwood Cir  
6.4 CITY-ST-ZIP FT WALTON BEACH, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 in the name of the individual on an address.

SIGNATURE:

WALTER S. RADEKER JR

15 JAN 95 904 882-3235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #