

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06718 (3)**
1. Corporation Name
CHURCH OF THE RESURRECTION PARISH, INC.



Principal Place of Business: **572 MOONEY RD FT WALTON BEACH FL 32548 US**
Mailing Address: **PO BOX 5441 FT WALTON BEACH FL 32549 US**

3. Date Incorporated or Qualified: **12/19/1984**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2714988**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **66 8th St.**
2a. Mailing Address: **P.O. Box 681**
21. Suite, Apt. #, etc.: **XXXXXX**
27. Suite, Apt. #, etc.:
23. City & State: **Shalimar, FL**
28. City & State: **Shalimar, FL**
24. Zip: **32579**
25. Country: **USA**
29. Zip: **32579**
30. Country: **USA**

9. Name and Address of Current Registered Agent
**SCOTT, RAYMON, C
21 WARWICK DR
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent
81. Name: **Same**
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL**
85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Raymond C. Scott* (T) DATE: **1/16/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADEKER, WALTER	
STREET ADDRESS	268 BRIARWOOD CIR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PADDEN, ROBERT	
STREET ADDRESS	511 MOONEY RD.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALTERS, WILLIAM	
STREET ADDRESS	265 BRIARWOOD CIR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, SUZI	
STREET ADDRESS	285 BRIARWOOD CIR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HARDEN, ALICE	
STREET ADDRESS	1 BAY COVE LANE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, KENNETH W	
STREET ADDRESS	RT 1 BOX 455	
CITY-ST-ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Walters, William	
33 STREET ADDRESS	265 Briarwood Cir	
34 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jackson, Jackson	
5.3 STREET ADDRESS	6 Walnut AVE.	
5.4 CITY-ST-ZIP	Shalimar, FL 32579	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schneider, Fred	
6.3 STREET ADDRESS	67 Meigs Dr.	
6.4 CITY-ST-ZIP	Shalimar, FL 32579	

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 119.07(3)(k), 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond C. Scott* DATE: **1/16/96** (904) 651-3828
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)