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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

66 8TH STREET
SHALIMAR FL 32579
US

POST OFFICE BOX 681
SHALIMAR FL 32579-0681
US

3. Date Incorporated or Qualified
12/19/1984

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2714988

Applied For
Not Applicable

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

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

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12

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

1.1 TITLE PD Change Addition
1.2 NAME Ensey, Harry
1.3 STREET ADDRESS 506 Amelia St
1.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE VD DELETE
NAME PADDEN, ROBERT
STREET ADDRESS 511 MOONEY RD.
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE D Change Addition
3.2 NAME Latham, Robert F.
3.3 STREET ADDRESS 3655 Hwy 98 E. 305B
3.4 CITY-ST-ZIP Destin, FL 32541

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

4.1 TITLE D Change Addition
4.2 NAME Webster, Carolyn
4.3 STREET ADDRESS 807 Overbrook Dr.
4.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE DS DELETE
NAME JACKSON, JACKSON
STREET ADDRESS 6 WALNUT AVENUE
CITY-ST-ZIP SHALIMAR FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME SCHNEIDER, FRED
STREET ADDRESS 67 MEIGS DRIVE
CITY-ST-ZIP SHALIMAR FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

(904) 651-3828

Date Daytime Phone # 0074694

CR2E037 (9/96)