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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06718

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 US



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

3. Date Incorporated or Qualified 12/19/1984

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

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 617.0508, 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] Treasurer 1/4/99

(NOTE: Registered Agent signature required when reinstating)

1/4/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ENSEY, HARRY 506 AMELIA ST FT WALTON BCH FL 32547

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Same

VD HORWELL, BRICE E 803 BLVD. OF CHAMPIONS SHALIMAR FL 32579

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

DS WESTER, CAROLYN 807 OVERBROOK DRIVE FT WALTON BEACH FL 32547

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DS Webster, Carolyn (Correct Spelling And Address) 813 Whitrock Lane Ft. Walton Beach, FL 32547

D JACKSON, JAUNITA 6 WLNUT AVE SHALIMAR FL 32579

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D James Lawson 404 Northampton Circle Ft. Walton Beach, FL 32547

DS SCHNEIDER, FRED 67 MEIGS DRIVE SHALIMAR FL 32579

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D Baker, Judith P. 268 Briarwood Cir Ft. Walton Beach, FL 32548

D WALKER, DANIEL 7249 SHEARWATER NAVARRE FL 32566

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

14. I 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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 Date

(850) 651-3828 Daytime Phone #

CR2E037 (11/98)