

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90031 028 \*\*\*\*61.25

**DOCUMENT # N06718**

1. Entity Name

**CHURCH OF THE RESURRECTION PARISH, INC.**

Principal Place of Business 65 8TH STREET SHALIMAR FL 32579 US	Mailing Address POST OFFICE BOX 681 SHALIMAR FL 32579-0681 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2714988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, RAYMON, C**  
**21 WARWICK DR**  
**SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

**Raymon C. Scott**  
 Treasurer

SIGNATURE \_\_\_\_\_ DATE **1/6/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ENSEY, HARRY</b> <b>506 AMELIA ST</b> <b>FT WALTON BCH FL 32547</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>HORWELL, BRICE E</b> <b>803 BLVD. OF CHAMPIONS</b> <b>SHALIMAR FL 32579</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>WESTER, CAROLYN</b> <b>813 WHITROCK LANE</b> <b>FT WALTON BEACH FL 32547</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAMES, LAWSON</b> <b>404 NORTHAMPTON CIRCLE</b> <b>FT WALTON BEACH FL 32547</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JUDITH, RACEKER P</b> <b>200 BRIARWOOD CIRCLE</b> <b>FT. WALTON BEACH FL 32548</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WALKER, DANIEL</b> <b>7249 SHEARWATER</b> <b>NAVARRE FL 32566</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Brice E. Horwell</b> <b>921 Denton Blvd, Apt 403</b> <b>Ft. Walton Beach, FL 32547</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Gordon C. Remington</b> <b>127 Baywind Drive</b> <b>Niceville, FL 32578</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>Carol Turczynski</b> <b>229 N.W. Crewilla Drive</b> <b>Ft. Walton Beach, FL 32548</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Raymon C. Scott</b> <b>21 Warwick Drive</b> <b>Shalimar, FL 32579</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **RAYMON C. SCOTT** DATE: **1/4/00** (860) 651-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR