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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT# N06718 1. Entity Name CHURCH OF THE RESURRECTION PARISH, INC. 01-08-2001 90001 037 ****61.25 Principal Place of Business Mailing Address 66 8TH STREET POST OFFICE BOX 681 SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business ³F^{Mailing Address}ox 681 66 8th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Shalkimar, FL City & State 4. FEI Number Applied For 59-2714988 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32579 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, RAYMON, C 21 WARWICK DR SHALIMAR FL 32579 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. Scott, Treasurer 01/02/01 FILE NOW: 9. Election Campaign Financing \$5.00 May 8e Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE .. ☐ Delete Change TITLE ■ Addition HORWELL, BRISE E Badeker, Judith Pa NAME NAME 921 DENTON BLVD., APT. 403 STREET ADDRESS STREET ADDRESS Briarwood, Circle 32548 **CR2E037** FT WALTON BCH FL 32547 CITY-ST-ZIP CITY-ST-ZIP Ft. Walton Beach, FL 32基4分 VD Grubbs, Haydon Y., Jr. ☐ Celete TITLE X Change REMINGTON, GORDON C NAME NAME 16 Poquito Road 127 BAYWIND DRIVE STREET ADDRESS STREET ADDRESS Shalimar, FL 32579 CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TURCZYNSKI, CAROLYN NAME NAME Same 229 N.W. CREWILLA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT WALTON BEACH FL 32548 CITY-ST-ZIP Delete TITLE Remington, Gordon C-Addition. SCOTT, RAYMON.... NAME NAME . . . 7 Baywind Drive 21 WARWICK DRIVE STREET ADDRESS STREET ADORESS Niceville, FL XXXXX32578 CITY-ST-7IP SHALIMAR FL 32579 CITY-ST-ZIP DPadden, Robert TITLE ☐ Delete TITLE Change X Addition JUDITH, RACEKER P NAME NAME 511 Mooney Road STREET ADDRESS 200 BRIARWOOD CIRCLE STREET ANDRESS Ft. Walton Beach, FL 32547 CITY-ST-7IP FT. WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE Lawson, James Walker, Daniel NAME NAME 404 Northampton Circle STREET ADDRESS 7249 SHEARWATER STREET ADDRESS Ft. Walton Beach, FL 32548 CITY-ST-ZIP NAVARRE FL 32568 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 poor is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report agreequired 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: