

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90446 022 \*\*\*\*61.25


**DOCUMENT # N06718**  
 1. Entity Name  
**CHURCH OF THE RESURRECTION PARISH, INC.**

Principal Place of Business <b>66 8TH STREET SHALIMAR FL 32579 US</b>	Mailing Address <b>P.O. BOX 681 SHALIMAR FL 32579 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2714988</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**DO NOT WRITE IN THIS SPACE**



**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 **Raymond Turczynski JR**  
 Street Address (P.O. Box Number is Not Acceptable) **229 N.W. Crewilla Drive**  
 City **Ft. Walton Beach** FL **32548**

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.

SIGNATURE *Raymond Turczynski Jr* **TREASURER** DATE **21 FEB 2002**  
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  **\$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 RADEKER, JUDITH P 268 BRIARWOOD CIRCLE FT WALTON BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBBS, HAYDON Y JR 16 POQUITO ROAD SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TURCZYNSKI, CAROLYN 229 N.W. CREWILLA DRIVE FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMINGTON, GORDON C 127 BAYWIND DRIVE NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH, RACEKER P 200 BRIARWOOD CIRCLE FT. WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, JAMES 404 NORTHAMPTON CIRCLE FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Padden, Robert 511 Mooney Road Ft. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hinrichs, Martha D. 8908 Binnacle Court Navarre, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TURCZYNSKI, CAROLEANN 229 CREWILLA DRIVE FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grubbs, Haydon Y. Jr. 16 Poquito Road Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schneider, Charles 87 Meigs Road Shalimar, FL 32579	<input type="checkbox"/> Change <input checked="" 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: *Caroleann Turczynski* **DS** DATE **21 FEB 02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)