


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90199 018 \*\*\*\*61.25

<b>DOCUMENT # N06718</b>					
1. Entity Name <b>CHURCH OF THE RESURRECTION PARISH, INC.</b>					
Principal Place of Business 66 8TH STREET SHALIMAR, FL 32579 US		Mailing Address P.O. BOX 681 SHALIMAR, FL 32579 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2714988	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
TURCZYNSKI, RAYMOND JR 229 N.W. CREWILLA DRIVE FORT WALTON BEACH, FL 32548				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSSIER, EDWARD L		NAME	LUSSIER, EDWARD L.	
STREET ADDRESS	382 GARDNER DRIVE		STREET ADDRESS	382 GARDNER DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DANIEL C		NAME		
STREET ADDRESS	7249 SHEARWATER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, CAROL D		NAME		
STREET ADDRESS	P.O. BOX 1243		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENASTON, NANCY		NAME	KENASTON, NANCY	
STREET ADDRESS	24 NEPTUNE DRIVE		STREET ADDRESS	24 NEPTUNE DRIVE	
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINDRICH, MARTHA		NAME	TURCZYNSKI, RAYMOND, JR.	
STREET ADDRESS	8908 BINNACLE COURT		STREET ADDRESS	229 N.W. CREWILLA DRIVE	
CITY-ST-ZIP	NAVARRE, FL 32506		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, CHARLES		NAME	TREACY, WILLIAM O.	
STREET ADDRESS	67 MEIGS ROAD		STREET ADDRESS	214 LAFITTE CRESCENT	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
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: <i>Raymond Turczynski, Jr.</i>			RAYMOND TURCZYNSKI, JR. DIRECTOR		
			21 FEB 2005		850-243-3649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #