


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 012 ****61.25

DOCUMENT # N06718 1. Entity Name CHURCH OF THE RESURRECTION PARISH, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2714988	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PADDEN, ROBERT 511 MOONEY RD FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name POOR, ELIZABETH R. Street Address (P.O. Box Number is Not Acceptable) 107 FULMAR CIRCLE NE City FORT WALTON BEACH, FL 32548 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 <i>Elizabeth R Poor</i> Elizabeth R Poor 03-24-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D OUSLEY, ARTHUR T 93 COURTYARD DRIVE SANTA ROSA BEACH, FL 32549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINGMAN, DAVID 14 ELKWOOD COURT SHALIMAR, FL 32579
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOR, WALKER R 107 FULMAR CIR NE FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOR, ELIZABETH R. 107 FULMAR CIRCLE NE FORT WALTON BEACH, FL 32548
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEN, WILLIAM D 1 BAY COVE LN SHALIMAR, FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHELOCK, LAURIN 5955 OAK HILL RD CRESTVIEW, FL 32536	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURCZYNSKI, RAYMOND JR 229 NW CREWILLA DR FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENASTON, NANCY 24 NEPTUNE DRIVE MARY ESTHER, FL 32569
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMPLEY, JANE J 89 POQUITO RD SHALIMAR, FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Jane M. Lampley</i> JANE M. LAMPLEY 3-24-08 850-651-8001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					