


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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2714988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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> Signature, typed or printed name of registered agent and title if applicable.		ELIZABETH R POOR (NOTE: Registered Agent signature required when reinstating) DATE 03-24-08	
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	D OUSLEY, ARTHUR T <input checked="" type="checkbox"/> Delete	TITLE	V KINGMAN, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUSLEY, ARTHUR T	NAME	KINGMAN, DAVID
STREET ADDRESS	93 COURTYARD DRIVE	STREET ADDRESS	14 ELKWOOD COURT
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549	CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D POOR, WALKER R <input checked="" type="checkbox"/> Delete	TITLE	T POOR, ELIZABETH R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOR, WALKER R	NAME	POOR, ELIZABETH R.
STREET ADDRESS	107 FULMAR CIR NE	STREET ADDRESS	107 FULMAR CIRCLE NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VD HARDEN, WILLIAM D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, WILLIAM D	NAME	
STREET ADDRESS	1 BAY COVE LN	STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579	CITY-ST-ZIP	
TITLE	D WHEELLOCK, LAURIN <input type="checkbox"/> Delete	TITLE	
NAME	WHEELLOCK, LAURIN	NAME	
STREET ADDRESS	5955 OAK HILL RD	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	PD TURCZYNSKI, RAYMOND JR <input checked="" type="checkbox"/> Delete	TITLE	D KENASTON, NANCY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURCZYNSKI, RAYMOND JR	NAME	KENASTON, NANCY
STREET ADDRESS	229 NW CREWILLA DR	STREET ADDRESS	24 NEPTUNE DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	VD LAMPLEY, JANE J <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPLEY, JANE J	NAME	
STREET ADDRESS	89 POQUITO RD	STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579	CITY-ST-ZIP	
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JANE M. LAMPLEY 3-24-08 850-651-8001 Date Daytime Phone #	