

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 12, 2009
Secretary of State

DOCUMENT# N06718

Entity Name: CHURCH OF THE RESURRECTION PARISH, INC.**Current Principal Place of Business:**66 8TH STREET
SHALIMAR, FL 32579 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 681
SHALIMAR, FL 32579 US**New Mailing Address:****FEI Number:** 59-2714988**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURCZYNSKI, RAYMOND JR.
229 CREWILLA DRIVE, NW
FORT WALTON BEACH, FL 32548 US**Name and Address of New Registered Agent:**LABOMBARD, SARAH
78 BERWICK CIRCLE
SHALIMAR, FL 32579 US

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: SARAH LABOMBARD

06/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: KINGMAN, DAVID R
Address: 14 ELKWOOD COURT
City-St-Zip: SHALIMAR, FL 32579**Title:** V () Delete
Name: SCHNEIDER, JASON
Address: 211A KELLY ROAD
City-St-Zip: NICEVILLE, FL 32578**Title:** D () Delete
Name: FORTNER, BARBARA
Address: 891 SHALIMAR COURT
City-St-Zip: SHALIMAR, FL 32579**Title:** D () Delete
Name: PADDEN, ROBERT
Address: 511 MOONEY ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547**Title:** S () Delete
Name: TURCZYNSKI, CAROLEANN
Address: 229 CREWILLA DRIVE NW
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** P () Delete
Name: LAMPLEY, JANE
Address: 89 POQUITO RD
City-St-Zip: SHALIMAR, FL 32579**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: MURPHY, ELLIE
Address: 47 AMIS DRIVE
City-St-Zip: SHALIMAR, FL 32579**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH LABOMBARD

RA

06/12/2009

Electronic Signature of Signing Officer or Director

Date