

**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 32579Title: V ( ) Delete  
Name: SCHNEIDER, JASON  
Address: 211A KELLY ROAD  
City-St-Zip: NICEVILLE, FL 32578Title: D ( ) Delete  
Name: FORTNER, BARBARA  
Address: 891 SHALIMAR COURT  
City-St-Zip: SHALIMAR, FL 32579Title: D ( ) Delete  
Name: PADDEN, ROBERT  
Address: 511 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547Title: S ( ) Delete  
Name: TURCZYNSKI, CAROLEANN  
Address: 229 CREWILLA DRIVE NW  
City-St-Zip: FORT WALTON BEACH, FL 32548Title: 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 32579Title: ( ) 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