

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06718

FILED  
Jan 14, 2012  
Secretary of State

**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:**

FISHER, SUZI  
285 BRIARWOOD CIRCLE  
FT. WALTON BEACH,, FL 32548 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FISHER,, SUZI  
Address: 285 BRIARWOOD CIRCLE  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D  
Name: DELLA-CAMERA, ELLIE  
Address: 47 AMIS DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: D  
Name: DEMONBRUN, CECIL  
Address: 821 HOLBROOK CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D  
Name: PADDEN, ROBERT  
Address: 511 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D  
Name: KENASTON, NANCY  
Address: 24 NEPTUNE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569

Title: D  
Name: ENSEY, HARRY  
Address: 506 AMELIA ST  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: ELLIE DELLACAMERA

D

01/14/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date