



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 8:00 am
Secretary of State

03-13-2008 90038 022 ****61.25

| | | | | | |
|--|-----------------------|--|---|---|-----------------------------------|
| DOCUMENT # N07000003755 1. Entity Name RESURRECTED CHURCH OF JESUS CHRIST, INC. | | | |  | |
| Principal Place of Business 9745 SNAIL ST TALLAHASSEE FL 32305 | | Mailing Address 9745 SNAIL ST TALLAHASSEE FL 32305 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 00000000  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E037 (10/07) | |
| City & State | | City & State | | 4. FEI Number 45-0590029 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required | |
| 6. Name and Address of Current Registered Agent BRYANT, KATHLEEN 9745 SNAIL ST TALLAHASSEE FL 32305 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and P.O. description. (NOTE: Registered Agent Signature (typed with name) is required.)</small> | | | | | |
| FILE NOW: 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRYANT, ISAAC JR | | NAME | | |
| STREET ADDRESS | 9745 SNAIL ST | | STREET ADDRESS | | |
| CITY-STATE-ZIP | TALLAHASSEE FL 32305 | | CITY-STATE-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRYANT, KATHALEEN | | NAME | | |
| STREET ADDRESS | 9745 SNAIL ST | | STREET ADDRESS | | |
| CITY-STATE-ZIP | TALLAHASSEE FL 32305 | | CITY-STATE-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSS, AUDREY | | NAME | | |
| STREET ADDRESS | 254 SW GREG PLACE | | STREET ADDRESS | | |
| CITY-STATE-ZIP | LAKE CITY FL 32025 | | CITY-STATE-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCGUIRE, WARREN H | | NAME | | |
| STREET ADDRESS | 5039 50TH WAY | | STREET ADDRESS | | |
| CITY-STATE-ZIP | W PALM BEACH FL 33409 | | CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-STATE-ZIP | | | CITY-STATE-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Kathleen Bryant Kathleen Bryant 3-5-08</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |