


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000008007	
1. Entity Name THE CHURCH OF THE RESURRECTION AND THE LIFE INC.	

Principal Place of Business 5742 NW 2ND AVENUE MIAMI, FL 33150	Mailing Address 5742 NW 2ND AVENUE MIAMI, FL 33150
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2. Principal Place of Business - No P.O. Box # 5742 NW 2nd Avenue	3. Mailing Address 10325 NW 2nd Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State miami florida	City & State miami florida
Zip 33127	Zip 33150
Country	Country

6. Name and Address of Current Registered Agent AZULPHAR, MARIE C 10325 NW 2ND CT MIAMI, FL 33150	
7. Name and Address of New Registered Agent Name: MARIE CLAIRE AZULPHAR Street Address (P.O. Box Number is Not Acceptable) 10325 NW 2nd Court City: miami FL Zip Code: 33150	

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: Marie C. Azulphar	DATE: 3-15-08
<small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AZULPHAR, MARIE C 10325 NW 2ND CT MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CORMIER, PHASTON 10350 NW 2ND CT MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD AUGUSTIN, STANLEY 5742 NW 2ND AVENUE MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARIE Math Jean 4NW 56 St miami Fla 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marie C. Azulphar	DATE: 3-15-08 305-336-8732
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

FILED  
08 MAR 24 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1828683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

01/02/08 01020 004 \$70.00