

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008007

FILED
Apr 01, 2009
Secretary of State

Entity Name: THE CHURCH OF THE RESURRECTION AND THE LIFE INC.

Current Principal Place of Business:

5742 NW 2ND AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

10325 NWN 2ND CT.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 06-1828683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZULPHAR, MARIE CLAIRE
10325 NW 2ND CT
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

AZULPHAR, MARIE C
10325 NW 2ND CT
MIAMI, FL 33150 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: MARIE C. AZULPHAR 04/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AZULPHAR, MARIE C
Address: 10325 NW 2ND CT
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: CORMIER, PHASTON
Address: 10350 NW 2ND CT
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: JEAN, MARIE MATH
Address: 4 NW 56 ST.
City-St-Zip: MIAMI, FL 33127

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PIERRE, ANNA C
Address: 151 N.W 85TH ST
City-St-Zip: MIAMI, FL 33150

Title: TD (X) Change () Addition
Name: TIFFANY, AZULPHAR
Address: 10335 NW 2ND CT
City-St-Zip: MIAMI, FL 33150

Title: D () Change (X) Addition
Name: BRYANT, LOUIS B
Address: 7351 GRANDVIEW BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Change (X) Addition
Name: HINES, SHANNON R
Address: 2220 SERVICE RD
City-St-Zip: OPA LOCKA, FL 33054

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: MARIE C. AZULPHAR PD 04/01/2009
Electronic Signature of Signing Officer or Director Date