

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007780

FILED
Jan 15, 2012
Secretary of State

Entity Name: RESIDENTS ENCOUNTER CHRIST OF FLORIDA, INC.

Current Principal Place of Business:

1411 LORIS LOOP
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 716
OXFORD, FL 34484

New Mailing Address:

P.O. BOX 474
OXFORD, FL 34484

FEI Number: 26-3298975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, PAUL R
1390 GAYLE MILL DRIVE
THE VILLAGES, FL 32162 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: SD
Name: PICKENS, NANCY
Address: 2273 BUCKSPORT AVE.
City-St-Zip: THE VILLAGES, FL 32162

Title: P
Name: ELKINS, CAROLYN
Address: 420 VALVERDA DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: VP
Name: CLASEN, BILL
Address: 2076 DOVE HOLLOW RUN
City-St-Zip: THE VILLAGES, FL 32162

Title: T
Name: POWERS, PAUL R
Address: 1390 GAYLE MILL DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: S
Name: PULLIN, WES
Address: P.O. BOX 569
City-St-Zip: OCOEE, FL 34761

Title: CS
Name: POPPER, DENNIS
Address: 1350 JIMENEZ CT.
City-St-Zip: THE VILLAGES, FL 32162

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: PAUL R. POWERS

T

01/15/2012

Electronic Signature of Signing Officer or Director

Date