

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09757

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** RESURRECTION BAPTIST CHURCH INC.

**Current Principal Place of Business:**

1041 N BLUE ANGEL PKWY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3617  
PENSACOLA, FL 32506

**New Mailing Address:**

**FEI Number:** 59-2552190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOX, JOSEPH  
1058 BROWNFIELD RD  
PENSACOLA, FL 32526 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:** PRES  
**Name:** JOSEPH, FOX  
**Address:** 1058 BROWNFIELD RD  
**City-St-Zip:** PENSACOLA, FL 32526

**Title:** TRUS  
**Name:** HUBER, JOSHUA  
**Address:** 3125 ALICANTE ST  
**City-St-Zip:** PENSACOLA, FL 32526

**Title:** TRUS  
**Name:** DELOGE, TIMOTHY  
**Address:** 2355 W MICHIGAN AVE / STE G19  
**City-St-Zip:** PENSACOLA, FL 32526

**Title:** DEAC  
**Name:** BOB, JEPSEN  
**Address:** 6085 GRANDWOOD DR.  
**City-St-Zip:** MILTON, FL 32570

**Title:** DEAC  
**Name:** RICHARD, DAVIS  
**Address:** 1236 TATE RD  
**City-St-Zip:** CANTONMENT, FL 32533

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:** JOSEPH FOX

RA

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date