FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23879** **(2)**

1. Corporation Name

RESURRECTION CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
% JACK R. WILLEY 14701 SW 82 COURT MIAMI FL 33158	% JACK R. WILLEY 14701 SW 82 COURT MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1987**
3a. Date of Last Report: **06/14/1994**
4. FEI Number: **65-0019447** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10946 SW 40 ST	26 P.O. BOX 650277
22 Suite, Apt. #, etc. #1	27 Suite, Apt. #, etc.
23 City & State MIAMI FL	28 MIAMI FL
24 ZIP 33165 25 Country USA	29 ZIP 33265 30 Country USA

9. Name and Address of Current Registered Agent

WILLEY, JACK R.
14701 SW 82 COURT
MIAMI FL 33158

10. Name and Address of New Registered Agent

31 Name: JACK R. WILLEY
32 Street Address (P.O. Box Number is Not Acceptable): 1221 SE 2ND AVE #203
33 #203
34 City: DEL JUPITER FL 35 Zip Code: 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or Printed Name of Registered Agent Entity's Officer) (If Agent) (Registered Agent's Signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	WILLEY, JACK R.	12 NAME	JACK R. WILLEY
STREET ADDRESS	14701 SW 82 COURT	13 STREET ADDRESS	1221 SE 2ND AVE #203
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	JUPITER FL 33477
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	WILLEY, MADELEINE	22 NAME	MADELEINE WILLEY
STREET ADDRESS	14701 SW 82 COURT	23 STREET ADDRESS	1221 SE 2ND AVE #203
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	JUPITER FL 33477
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	WILLEY, THOMAS R.	32 NAME	
STREET ADDRESS	15845 SW 90 CT. #D	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	SD ☑ Change ☐ Addition
NAME	WILLEY, CARMEN M.	42 NAME	CARMEN M. WILLEY
STREET ADDRESS	14701 SW 82 COURT	43 STREET ADDRESS	1221 SE 2ND AVE #203
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	JUPITER FL 33477
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-3-95 407-575-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043457