

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 21996 B. 1268-C

DOCUMENT # N23879

(2)

1. Corporation Name

RESURRECTION CHRISTIAN MINISTRIES, INC.



Principal Place of Business

15845 SW 90 COURT
#C
MIAMI FL 33157
US

Mailing Address

P. O. BOX 562077
MIAMI FL 33256
US

3. Date Incorporated or Qualified
12/15/1987

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 16484 127th DRIVE N.

26 16484 127th DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 JUPITER FL

City & State

28 JUPITER FL

Zip 33478

Country USA

Zip 33478

Country USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JACK R. WILLEY (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

16484 127th DRIVE N.

83

84 City

JUPITER

FL

85 Zip Code

33478

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLEY, JACK R
STREET ADDRESS 1201 SEAFARER CIRCLE #203
CITY-ST-ZIP JUPITER FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 16484 127 DR. N.
1.4 CITY-ST-ZIP JUPITER, FL 33478 ☒ Change ☐ Addition

TITLE VD
NAME WILLEY, MADELEINE
STREET ADDRESS 1201 SEAFARER CIRCLE #203
CITY-ST-ZIP JUPITER FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 16484 127 DR. N.
2.4 CITY-ST-ZIP JUPITER, FL 33478 ☒ Change ☐ Addition

TITLE TD
NAME WILLEY, THOMAS R.
STREET ADDRESS 15845 SW 90 CT. #D
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WILLEY, CARMEN M
STREET ADDRESS 1201 SEAFARER CIRCLE #203
CITY-ST-ZIP JUPITER FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 13807 158 ST. N.
4.4 CITY-ST-ZIP JUPITER, FL 33478 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Jack R. Willey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

407-744-7665

Daytime Phone #

CR2E037 (12/95)