


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

02-27-2006 90062 040 ****61.25

DOCUMENT # N30269 1. Entity Name RESURRECTION HOUSE, INC.	
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Principal Place of Business 507 KUMQUAT COURT PO BOX 398 SARASOTA, FL 34230 US	Mailing Address 507 KUMQUAT COURT P.O. BOX 398 SARASOTA, FL 34230 US
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02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0096171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KYLLOEN, ROBERT P. POST OFFICE BOX 398 RESURRECTION HOUSE, INC. SARASOTA, FL 34230

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VEEGER, JACK KATHLEEN HENDRICKS NORTHERN TRUST BANK 3960 RED ROCK LANE 1515 SARASOTA, FL 34231 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TESAR, RICHARD 3903 LINWOOD STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINGERTER, MARY LOU 3970 RED ROCK WAY SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DONNELLY, BARBARA 2546 CLEMATIS ST. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBINSON, FREDERICK A REV 222 S. PALM AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIETBRINK, LARRY 443 MEADOWLARK DR SARASOTA, FL 34236

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina B. Fulton REGINA B. FULTON 3-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
66006393

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

RESURRECTION HOUSE, INC.
507 KUMQUAT COURT
P.O. BOX 398
SARASOTA, FL 34230 US

MAR 10 2006

Subject: RESURRECTION HOUSE, INC.

Reference Number: N30269

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION