

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 020 ****61.25

DOCUMENT # N30269

1. Entity Name
RESURRECTION HOUSE, INC.



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**

DO NOT WRITE IN THIS SPACE



06292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0086171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KYLLONEN, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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
HENDRICKS, KATHLEEN
NE TRUST BANK 1515 RINGING BLVD
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TESAR, RICHARD
3000 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:

Robert P. Kyllonen, Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #