

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30269

FILED
May 15, 2008
Secretary of State

Entity Name: RESURRECTION HOUSE, INC.

Current Principal Place of Business:

507 KUMQUAT COURT
PO BOX 398
SARASOTA, FL 34230 US

New Principal Place of Business:

507 KUMQUAT COURT
SARASOTA, FL 34230 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0096171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KYLLONEN, ROBERT P.
POST OFFICE BOX 398
RESURRECTION HOUSE, INC.
SARASOTA, FL 34230 US

Name and Address of New Registered Agent:

DAVID PROCH
507 KUMQUAT CT
RESURRECTION HOUSE, INC.
SARASOTA, FL 34230 US

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: DAVID PROCH

05/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDRICKS, KATHLEEN
Address: NE TRUST BANK 1515 RINGING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: TESAR, RICHARD
Address: 3903 LINWOOD STREET
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: WINGERTER, MARY LOU
Address: 3970 RED ROCK WAY
City-St-Zip: SARASOTA, FL 34231

Title: SD () Delete
Name: DONNELLY, BARBARA,
Address: 2546 CLEMATIS ST.
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: ROBINSON, FREDERICK A REV
Address: 222 S. PALM AVE.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: HIETBRINK, LARRY
Address: 443 MEADOWLARK DR
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CRATON, NICOLA
Address: 1520 67TH ST CT E
City-St-Zip: BRADENTON, FL 34208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICOLA J CRATON

TREA

05/15/2008

Electronic Signature of Signing Officer or Director

Date