

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30269

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: RESURRECTION HOUSE, INC.

## Current Principal Place of Business:

507 KUMQUAT COURT  
SARASOTA, FL 34230 US

## New Principal Place of Business:

## 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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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

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: ( ) 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:

Title: D (X) Change ( ) Addition  
Name: HIETBRINK, NOLA  
Address: 443 MEADOWLARK DR  
City-St-Zip: SARASOTA, FL 34236

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 CRATON

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date