

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 3-2196 B- 2570 DIVISION OF CORPORATIONS C

DOCUMENT # N34255 (2)

1. Corporation Name

RESURRECTION RANCH MINISTRIES, INC.



Principal Place of Business

Mailing Address

5925 OLD DIXIE HWY
427 TIMBERLAKE DR.
MELBOURNE FL 32940
US

C/O FRANCES M. BRADLEY
427 TIMBERLAKE DR.
MELBOURNE FL 32940

3. Date Incorporated or Qualified

09/19/1989

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, FRANCIS M.
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME COULTER, ARLENE
STREET ADDRESS 5925 OLE DIXIE HWY.
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LEES, DON
STREET ADDRESS 745 GREENWOOD MANOR CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL

1.2 NAME ☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME BRADLEY, FRANCIS M.
STREET ADDRESS 427 TIMBERLAKE DR.
CITY-ST-ZIP MELBOURNE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SAUNDERSS, JAMEES N
STREET ADDRESS 913 VILLA DR
CITY-ST-ZIP MELBOURNE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GONZALEZ, RUEBIN
STREET ADDRESS 1358 FOUNTAIN VIEW
CITY-ST-ZIP ROCKLEDGE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MINER, DONNA
STREET ADDRESS 1065 OLD PARSONAGE
CITY-ST-ZIP MERRITT ISLAND FL

2.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

2.3 STREET ADDRESS ☐ 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:

Arleene Coulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 14/96 407-752-9562
Date Daytime Phone #

CR2E037 (12/95)