

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36712 (0)
 1. Corporation Name
**AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC
 ORPORATED**



Principal Place of Business 5129 72ND ST. E. BRADENTON FL 34203 US	Mailing Address C/O RICHARD NEVILLE 5707 45TH ST E. #34 BRADENTON FL 34203-5508 US
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3. Date Incorporated or Qualified 02/21/1990	3a. Date of Last Report 01/31/1996
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21. Principal Place of Business 21	2a. Mailing Address 2a 5129 72nd St., E	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. BRADENTON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip Country	29. 34203 30. US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEVILLE, RICHARD 5707 45TH ST E STE 34 BRADENTON FL 34203		10. Name and Address of New Registered Agent 81 Name MARK WINTERS 82 Street Address (P.O. Box Number Is Not Acceptable) 8021 55th St., EAST 83 84 City PALMETTO FL 85 Zip Code 34221	
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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: *Mark Winters*
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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTTER, CAROLYN	1.2 NAME	MARK WINTERS
STREET ADDRESS	6413 OAHU DR W	1.3 STREET ADDRESS	8021 55th St., EAST
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEADOR, PAUL W.	2.2 NAME	ELSIE TANIS
STREET ADDRESS	1101 EDGEWATER CIRCLE	2.3 STREET ADDRESS	4504 4th AVE. DR, EAST
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, JEAN	3.2 NAME	RUTH CROCKETT
STREET ADDRESS	5707 45TH ST. E., #34	3.3 STREET ADDRESS	5060 PRIME TERRACE
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVILLE, RICHARD	4.2 NAME	CONNIE DEEM
STREET ADDRESS	5707 45TH ST E	4.3 STREET ADDRESS	8609 37th AVE, EAST 21-D
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark Winters* **5-6-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061417

CR2E037 (9/96)