

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25

FILED
Oct 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36712

(0)

1. Corporation Name

**AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC
 ORPORATED**

Principal Place of Business

Mailing Address

5129 72ND ST. E.
 BRADENTON FL 34203
 US

5129 72ND ST. E.
 5707 45TH ST E. #34
 BRADENTON FL 34203
 US

2. Principal Place of Business

2a Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**WINTERS, MARK
 8021 55TH ST., EAST
 STE 34
 PALMETTO FL 34221**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/21/1990

4. FEI Number

NOT APPLICABLE

Applied For
 Net Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WINTERS, MARK	
STREET ADDRESS	8021 55TH ST., EAST	
CITY-STATE-ZIP	PALMETTO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TANIS, ELSIE	
STREET ADDRESS	4504 4TH AVE., DR., EAST	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROCKETT, RUTH	
STREET ADDRESS	5060 PRIME TERRACE	
CITY-STATE-ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEEM, CONNIE	
STREET ADDRESS	8609 27TH AVE. EAST, 21-D	
CITY-STATE-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD Helen Media
2.3 STREET ADDRESS	3135 59th Ave Dr W C105
2.4 CITY-STATE-ZIP	Bradenton, FL 34210
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Margaret Benedetto
4.3 STREET ADDRESS	6208 Greenview Circle
4.4 CITY-STATE-ZIP	Sarasota, FL 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/98
 DATE DAYTIME PHONE #

CR2E037 (5/98)