

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36712

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34203 30 USA

3. Date Incorporated or Qualified

02/21/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not 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

9. Name and Address of Current Registered Agent

WINTER'S, MARK
8021 55TH ST., EAST
STE 34
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

Winters, Mark

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

8021 55th St. East

83

84 City

Palmetto

FL

85 Zip Code

34221

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

1-17-99

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME WINTERS, MARK
STREET ADDRESS 8021 55TH ST., EAST
CITY-STATE-ZIP PALMETTO FL

TITLE TD ☒ DELETE

NAME MEOLA, HELEN
STREET ADDRESS 3425 59TH AVE CR W C 105
CITY-STATE-ZIP BRADENTON FL 34210

TITLE SD ☐ DELETE

NAME CROCKETT, RUTH
STREET ADDRESS 5060 PRIME TERRACE
CITY-STATE-ZIP NORTH PORT FL

TITLE D ☐ DELETE

NAME BONECUTTER, MARGARET
STREET ADDRESS 6208 GREENVIEW CIRCLE
CITY-STATE-ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-99

941-723-9425

0065794

CR2E037 (11/98)