

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36712

1. Entity Name

AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90029 029 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5129 72ND ST. E.
BRADENTON FL 34203
US

5129 72ND ST. E.
BRADENTON FL 34203-7991
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Axel, Darlene

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

2629 88th Street East

City

Palmetto

FL

Zip Code

34221

8. 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 Axel, Darlene TD

Signature, typed or printed name of registered agent and title if applicable.

Darlene Axel TD

(NOTE: Registered Agent signature required when reinstating)

April 21, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete
NAME WINTERS, MARK
STREET ADDRESS 8021 55TH ST., EAST
CITY-ST-ZIP PALMETTO FL

TITLE CD ☒ Change ☐ Addition
NAME James McCann
STREET ADDRESS 5124 72nd St., East
CITY-ST-ZIP Bradenton, FL 34203

TITLE TD ☐ Delete
NAME AXEL, DARLENE
STREET ADDRESS 2629 88TH STREET E
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CROCKETT, RUTH
STREET ADDRESS 5060 PRIME TERRACE
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BONECUTTER, MARGARET
STREET ADDRESS 6208 GREENVIEW CIRCLE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darlene Axel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000

Date

941-722-4449

Daytime Phone #

CR2E037 (9/99)