

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90145 015 \*\*\*\*61.25

**DOCUMENT # N36712**

1. Entity 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.  
 BRADENTON FL 34203  
 US**

2. Principal Place of Business

**7704 County Rd. 675-**

3. Mailing Address

**7704 County Rd. 675**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton FL**

City & State

**Bradenton FL**

Zip

**34202**

Country

**USA**

Zip

**34202**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**AXEL, DARLENE  
 2629 88TH STREET EAST  
 PALMETTO FL 34221**

7. Name and Address of New Registered Agent

**Name: Margaret Boncutter  
 Street Address (P.O. Box Number Is Not Acceptable):  
 6208 Green View Circle  
 Sarasota, FL 34231  
 City: Sarasota, FL Zip Code: 34231**

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

*Margaret R. Boncutter*  
 Signature, typed or printed name of registered agent and title if applicable.

**5/15/02**  
 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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MCCANN, JAMES	
STREET ADDRESS	5124 72ND ST EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AXEL, DARLENE	
STREET ADDRESS	2629 88TH STREET E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROCKETT, RUTH	
STREET ADDRESS	5080 PRIME TERRACE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONCUTTER, MARGARET	
STREET ADDRESS	6208 GREENVIEW CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walstrom, Katie	
STREET ADDRESS	5204 72nd St. E.	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret Boncutter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 April 2002**

Date

Daytime Phone #

**(941) 925-1681**

CR2E037 (9/01)