2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36712



FILED

Secretary of State

May 03, 2004 8:00 am

05-03-2004 91217 024 ****61.25 AMERICAN BAPTIST CHURCH OF THE RESURRECTION. INCORPORATED Principal Place of Business Mailing Address 24066577 7704 CTY RD 675 7704 CTY RD 675 BRADENTON, FL 34202 BRADENTON, FL 34202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number NOT APPLICABLE City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hammond BONECUTTER, MARGARET Street Address (P.O. Box Number is Not Acceptable) **6208 GREEN VIEW CIRCLE** SARASOTA, FL 34231 City Bradenton 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. I arm familiar with, and accept the obligations of registered agent Nancy Hammond Treusuver-Director SIGNATURE (NOTE: Registered Agent signature required Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Florida Department of State Trust Fund Contribution Due by May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. πie CD Delete ME Change ☐ Addition McCann James III MCCANN, GARY NAME NAME 5124 72ND ST F 5124 Tand St. E. Bradenton, FL STREET ADDRESS STREET ADDRESS 34203 BRADENTON, FL 34203 CITY-ST-ZIP CITY-ST-7IP TIFLE 23 Delete TITLE Change ■ Addition Nancy Hammond NAME GRIM, NELLIN A NAME STREET ADDRESS 4710 14TH ST. W. QD4 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP Delete Change ☐ Addition TITLE CROCKETT, RUTH NAME NAME **5060 PRIME TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZBP NORTH PORT, FL CITY-ST-ZIP TITLE ☐ Change Addition ■ Delete TITLE BONECUTTER, MARGARET NAME Hench Nancy STREET ADDRESS 6208 GREENVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

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