


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 023 ****61.25

DOCUMENT # N36712			
1. Entity Name AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INCORPORATED			
Principal Place of Business 7704 CTY RD 675 BRADENTON, FL 34202 US		Mailing Address 7704 CTY RD 675 BRADENTON, FL 34202 US	
2. Principal Place of Business 7704 CR 675 Suite, Apt. #, etc.		3. Mailing Address 7704 CR 675 Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34211		Zip 34211	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMOND, NANCY 13511 5TH AVE NE BRADENTON, FL 34212		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCANN, JAMES III 5124 72ND ST E. BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, NANCY 13511 5TH AVE NE BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROCKETT, RUTH 5060 PRIME TERRACE NORTH PORT, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENCK, NANCY 8419 BRANDELIS CIRCLE E SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rita Carvin 508-44th Ave E. L-10 Bradenton, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENCK, NANCY 8419 BRANDELIS CIRCLE E SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENCK, NANCY 8419 BRANDELIS CIRCLE E SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE 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: <i>Nancy Hammond</i> Nancy Hammond		Date 2/28/05	Daytime Phone # 941-741-8742