

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90158 004 ****61.25

DOCUMENT # N36712

1. Entity Name

**AMERICAN BAPTIST CHURCH OF THE RESURRECTION, INC
ORPORATED**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**BONECUTTER, MARGARET
6208 GREEN VIEW CIRCLE
SARASOTA FL 34231**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WALSTROM, KATIE	
STREET ADDRESS	5204 72ND ST. E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input checked="" 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	5060 PRIME TERRACE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONECUTTER, 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		

TITLE	Gay McEann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5124 72nd St E	
STREET ADDRESS	Bradenton, FL 34203	
CITY-ST-ZIP		
TITLE	Nellie A Grim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4710 14th St W. QD4	
STREET ADDRESS	Bradenton, FL 34207	
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:

SIGNATURE REQUIRED

Nellie A Grim 5-1-03 322-1905

CR2E037 (10/02)