

**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

0102717

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

10095001



CHECK HERE IF MAKING CHANGES

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

**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** Delete
NAME **WALSTROM, KATIE**
STREET ADDRESS **5204 72ND ST. E**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE Change Addition
NAME **Gary McCann**
STREET ADDRESS **5124 72nd St E**
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 **Nellie A Grim**
STREET ADDRESS **4710 14th St W. QD4**
CITY-ST-ZIP **Bradenton, FL 34207**

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: **SIGNATURE REQUIRED** *Nellie A. Grim 5-1-03 322-1905*

CR2E037 (10/02)