2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44195

FILED Apr 27, 2004 Secretary of State

Entity Name: NEW RESURRECTION INSTITUTIONAL BAPTIST CHURCH, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** 565 S. BARFIELD HWY PAHOKEE, FL 33476 US **Current Mailing Address: New Mailing Address:** 565 S. BARFIELD HWY PAHOKEE, FL 33476 US **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEST, OCSAR W J 18135 NW 18 AVE OPA LOCKA, FL 33056 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DPT () Change () Addition WEST, REV. OSCAR W., JR. Name: Name: Address: 18135 NW 18 AVE Address: City-St-Zip: OPA LOCKA, FL 33056 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: FROST, GEROLINE Name: Address: 517 SW 6 STREET Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: () Delete Title: () Change () Addition MCCULLOUGH, MARELLE, Name: Name: Address: 709 PADGETT CR. Address: City-St-Zip: PAHOKEE, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR W WEST, JR. DPT 04/27/2004