

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44195

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** NEW RESURRECTION INSTITUTIONAL BAPTIST CHURCH, INCORPORATED

**Current Principal Place of Business:**

565 S. BARFIELD HWY  
PAHOKEE, FL 33476 US

**New Principal Place of Business:**

**Current Mailing Address:**

565 S. BARFIELD HWY  
PAHOKEE, FL 33476 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEST, OCSAR W J  
18135 NW 18 AVE  
OPA LOCKA, FL 33056 US

**Name and Address of New Registered Agent:**

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:**

Title: DPT ( ) Delete  
Name: WEST, REV. OSCAR W., JR.  
Address: 18135 NW 18 AVE  
City-St-Zip: OPA LOCKA, FL 33056

Title: DS ( ) Delete  
Name: FROST, GEROLINE  
Address: 517 SW 6 STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: DV ( ) Delete  
Name: MCCULLOUGH, MARELLE,  
Address: 709 PADGETT CR.  
City-St-Zip: PAHOKEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date