

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50045** (6)

1. Corporation Name
RESURRECTION ISLAND CHURCH, INC.



Principal Place of Business: **2770 DAVESTON AVE ST. AUGUSTINE FL 32095**
Mailing Address: **2770 DAVESTON AVE ST. AUGUSTINE FL 32095**

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **04/11/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23	28	28	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			
24	24	25	25			
	Country		Country			
25	25	29	29			
	Country		Country			
29	29	30	30			
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLS, CLIFFORD A. 2770 DAVESTON AVE ST. AUGUSTINE FL 32095				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, CLIFFORD A.			1.2 NAME			
STREET ADDRESS	2770 DAVESTON AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			1.4 CITY-ST-ZIP			
TITLE	CPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, LINDA D.			2.2 NAME			
STREET ADDRESS	2770 DAVESTON AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32095			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, KATHRYN E.			3.2 NAME			
STREET ADDRESS	4820 N. 127TH			3.3 STREET ADDRESS			
CITY-ST-ZIP	BUTLER WI 53007			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clifford A. Mills CLIFFORD A. MILLS 04/22/96 823-8763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)