

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90175 047 ****61.25

DOCUMENT # N50045

1. Entity Name
RESURRECTION ISLAND CHURCH, INC.

Principal Place of Business Mailing Address
2770 DAVESTON AVE 2770 DAVESTON AVE
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095-8545

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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
MILLS, CLIFFORD A.
2770 DAVESTON AVE
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, CLIFFORD A. 2770 DAVESTON AVENUE ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MILLS, LINDA D. 2770 DAVESTON AVENUE ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, KATHRYN E. N 34 W 23708 FIVE FIELDS RD APT 105 PEWAUKEE WI 53072 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CONFIDENTIAL REQUIRED** **CLIFFORD A. MILLS** **04/13/00** **(904) 823-9994**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)