

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50045

FILED  
Jan 14, 2005  
Secretary of State

**Entity Name:** RESURRECTION MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

2770 DAVESTON AVE  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2770 DAVESTON AVE  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MILLS, CLIFFORD A.  
2770 DAVESTON AVE  
SAINT AUGUSTINE, FL 32084    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: PD                      ( ) Delete  
Name: MILLS, CLIFFORD A.,  
Address: 2770 DAVESTON AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: CPD                      ( ) Delete  
Name: MILLS, LINDA D.,  
Address: 2770 DAVESTON AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D                      ( ) Delete  
Name: MILLS, ABIGAIL C  
Address: 1848 NALDO AVE., APT 4  
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

Title: D                      (X) Change ( ) Addition  
Name: MILLS, ABIGAIL C  
Address: 918CORDOVA PLACE  
City-St-Zip: JACKSONVILLE, FL 32207

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: CLIFFORD A. MILLS

PD

01/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date