

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 # N93000005050 (0)
1. Corporation Name
RESURRECTION MINISTRIES, INC.



Principal Place of Business: **4807 3RD AVENUE, NORTHWEST BRADENTON FL 34209**
Mailing Address: **4807 3RD AVENUE, NORTHWEST BRADENTON FL 34209**

3. Date Incorporated or Qualified: **11/10/1993**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business
21 **21** Suite, Apt. #, etc.
22 **22** City & State
23 **23** Zip
24 **24** Country
25 **25** Country
2a. Mailing Address
26 **26** *4501 Manatee Ave W*
27 **27** *# 299*
28 **28** *Bradenton, FL*
29 **29** *34209*
30 **30** *USA*

4. FEI Number: **65-0441051**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEY, BOB
4807 3RD AVENUE N.W.
BRADENTON FL 34209

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KENNEY, BOB | |
| STREET ADDRESS | 4807 3RD AVENUE N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KENNEY, NANCY | |
| STREET ADDRESS | 4807 3RD AVENUE N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KESTEN, MURRAY JR | |
| STREET ADDRESS | 3609 15TH AVE. WEST | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BEEBE, JOANNE | |
| STREET ADDRESS | 6924 11TH AVENUE N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BEEBE, DAVID | |
| STREET ADDRESS | 6924 11TH AVENUE N.W. | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KESTEN, CAROL | |
| STREET ADDRESS | 3609 15TH AVE WEST | |
| CITY-ST-ZIP | BRADENTON FL 34205 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Kenney

3/15/96

Date

941-746-4159

Daytime Phone #

CR2E037 (12/95)