

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90038 019 ****61.25

DOCUMENT # N94000004212

1. Entity Name

RESURRECTION LUTHERAN CHURCH OF POLK COUNTY,
INC.



Principal Place of Business

4620 CYPRESS GARDENS RD
WINTER HAVEN FL 33884
US

Mailing Address

4620 CYPRESS GARDENS RD
WINTER HAVEN FL 33884
US

20004334



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3263226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES J. KEELER
117 RUBY LAKE RD.
WINTER HAVEN FL 33884

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Delete
NAME SNIDER, HURSCHEL
STREET ADDRESS 4099 ROLLING OAKS DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VD ☐ Change ☒ Addition
NAME HERMAN ROE
STREET ADDRESS 165 Egret Drive
CITY-ST-ZIP HAINES CITY, FL 33844

TITLE TT ☐ Delete
NAME MAGINNIS, RICHARD
STREET ADDRESS 3929 OLD HWY 37 #101
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BAME, ROBERT
STREET ADDRESS 1313 LAS BRISAS
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE PT ☒ Change ☐ Addition
NAME BAME, ROBERT
STREET ADDRESS 1313 LAS BRISAS
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Richard Maginnis **RICHARD MAGINNIS** 1/23/05 863-646-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #