

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 # N95000000209 (5)

1. Corporation Name

RESURRECTION BRASS MINISTRIES, INC.



Principal Place of Business

26021 SANDHILL BLVD #E-1  
PORT CHARLOTTE FL 33983

Mailing Address

P O BOX 1296  
MURDOCK FL 33988-1296

3. Date Incorporated or Qualified  
01/13/1995

3e. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 564 Posadas Circle  
Suite, Apt. #, etc.

26 Same as above  
Suite, Apt. #, etc.

4. FEI Number

65-0547410

Applied For  
Not Applicable

22 City & State

27 City & State

23 Port Charlotte, Florida

28 City & State

24 33983 25 USA

29 Zip 30 Country

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

PELTON, PAUL  
26021 SANDHILL BLVD #E-1  
PORT CHARLOTTE FL 33983

81 Name

Same

82

Street Address (P.O. Box Number is Not Acceptable)

564 Posadas Circle

83

84

City

Port Charlotte

FL

85 Zip Code  
33983

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 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 delegations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Paul D. B. Pelton*  
Signature typed or printed name of registered agent and title if applicable

PAUL D. B. PELTON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
PELTON, PAUL  
P O BOX 1296  
MURDOCK FL 33983-1296 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Director  
Keith Clark  
801 Linnean Terrace  
Port Charlotte, FL 33948 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PELTON, SANDRA  
P O BOX 1296  
MURDOCK FL 33983-1296 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Director  
Jack McLaughlin  
7500 Florida Street  
Punta Gorda, FL 33950 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Paul D. B. Pelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D. B. PELTON, PRESIDENT

3-15-96

941-629-1705

Date

Daytime Phone #

CR2E037 (12/95)