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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000209 (5)**

1. Corporation Name

RESURRECTION BRASS MINISTRIES, INC.

Principal Place of Business

**564 POSADAS CIRCLE
PORT CHARLOTTE FL 33983
US**

Mailing Address

**P O BOX 1296
MURDOCK FL 33938-1296**

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0547410

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33938-1296

30

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELTON, PAUL
564 POSADAS CIRCLE
PORT CHARLOTTE FL 33983**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSTD
PELTON, PAUL**
STREET ADDRESS **P.O BOX 1296 N/A**
CITY-ST-ZIP **MURDOCK FL**

TITLE ☐ DELETE
NAME **V
PELTON, SANDRA**
STREET ADDRESS **P.O BOX 1296 N/A**
CITY-ST-ZIP **MURDOCK FL**

TITLE ☐ DELETE
NAME **D
CLARK, KEITH**
STREET ADDRESS **801 LINNEAN TERR**
CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **D
MCLAUGHLIN, JACK**
STREET ADDRESS **7500 FLORIDA ST**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE
NAME **D
MCLAUGHLIN, TIMOTHY**
STREET ADDRESS **7500 FLORIDA STREET**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 new appointment with an address.

SIGNATURE:

PELTON, PAUL PRESIDENT 3-28-98 941-629-1705

CR2E037 (10/97)