

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 # N95000004477 (4)

1. Corporation Name

RESURRECTION LIFE, INC.



Principal Place of Business

1416 SE 19TH STREET
CAPE CORAL FL 33990

Mailing Address

1416 SE 19TH STREET
CAPE CORAL FL 33990

3. Date Incorporated or Qualified
09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1416 SE 19 ST

26 1416 SE 19 ST

4. FEI Number
65-0623267

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 CAPE CORAL, FLORIDA

28 CAPE CORAL, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33990

25 USA

29 33990

30 USA

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

TEETER, DALE A
1416 SE 19TH STREET
CAPE CORAL FL 33990

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 D ☐ DELETE
NAME TEETER, DALE A REV.
STREET ADDRESS 1416 SE 19TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TEETER, CHARLENE K
STREET ADDRESS 1416 SE 19TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE D ☐ DELETE
NAME MELUSO, VINCENT
STREET ADDRESS 229 SW 47TH STREET
CITY-ST-ZIP CAPE CORAL FL

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

TITLE D ☐ DELETE
NAME MELUSO, HELEN
STREET ADDRESS 229 SW 47TH STREET
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GEVERD, ROBERT
STREET ADDRESS 2602 YORK ROAD
CITY-ST-ZIP ST. JAMES CITY FL

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

TITLE D ☐ DELETE
NAME GEVERD, PATRICIA
STREET ADDRESS 2602 YORK ROAD
CITY-ST-ZIP ST. JAMES CITY FL

6.1 TITLE ☐ Change ☐ 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

DALE A TEETER 2-27-96 (941) 772 7286

Date

Daytime Phone #

CR2E037 (12/95)