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Jul 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004088 (8)**

1. Corporation Name

A-RESURRECTION CENTER CORP.

Principal Place of Business

**7350 SOUTH TAMiami TRAIL, UNIT 80
SARASOTA FL 34231**

Mailing Address

**7350 SOUTH TAMiami TRAIL, UNIT 80
SARASOTA FL 34231-7000**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

3. Date Incorporated or Qualified
08/05/1996

3a. Date of Last Report

4. FEI Number

65-0686543

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

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

CHARLES T. RICE

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

7350 SOUTH TAMiami TRAIL # 80

83

SARASOTA

84 City

FL

85 Zip Code
34231

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

Charles T. Rice
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **RICE, CHARLES T**
STREET ADDRESS **7350 SOUTH TAMiami TRAIL, UNIT 80**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VD** ☒ DELETE
NAME **MENDOZA, ALEX**
STREET ADDRESS **7350 SOUTH TAMiami TRAIL, UNIT 80**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **STD** ☐ DELETE
NAME **WASSERMAN, DEBBIE A**
STREET ADDRESS **7350 SOUTH TAMiami TRAIL, UNIT 80**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do 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, on an attachment with an address.

CR2E037 (9/96)