FILE NOW: FILING FEE IS $61.25

FILED
Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N97000002305

1. Corporation Name

RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N EOLA DRIVE ORLANDO FL 32802	LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N EOLA DRIVE ORLANDO FL 32802

3. Date Incorporated or Qualified: 04/23/1997
3a. Date of Last Report: None

2. Principal Place of Business	2a. Mailing Address
21 DEAN MEAD	26 DEAN MEAD
22 Suite, Apt. #, etc.: 800 N MAGNOLIA AVE, #1500	27 Suite, Apt. #, etc.: 800 N MAGNOLIA AVE, #1500
23 City & State: ORLANDO FL 32803	28 City & State: ORLANDO FL 32803
24 Zip: 32803 / 25 Country	29 Zip: 32803 / 30 Country

4. FEI Number: 59-3496844 ☐ 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	10. Name and Address of New Registered Agent
LOWNDES, AMY S. ESQ. 215 N EOLA DRIVE ORLANDO FL 32802	81 Name: EGERTON, CHARLES H. 82 Street Address (P.O. Box Number is Not Acceptable): 800 N MAGNOLIA AVE, SUITE 1500 83 000002495580 -04/21/98--01063--009 ***61.25 84 City: ORLANDO FL 85 Zip Code: 32803

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 H. Egerton 4/17/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P RABY, EDITH 1007 BRADFORD DR WINTER PARK FL 32792 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/V EGERTON, CHARLES H. 627 CHEROKEE CIR ORLANDO FL 32801 ☐ 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	D/S CARY, SARA E. 1001 POINSETTIA AVE ORLANDO FL 32804 ☐ 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	D/T HATCHER, MARION F. 908 ALBA DR ORLANDO FL 32804 ☐ 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	D DASHER, REV. ART 6316 MATCHETT RD PINECASTLE FL 32809 ☐ 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	D GALBRAITH, PENNY 51 OAKLEIGH LN MAITLAND FL 32751 ☐ Change ☒ Addition

CR2E037 (9/96)

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 or on an attachment with an address.

SIGNATURE: _____ 4/17/98 (407) 841-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles H. Egerton, Vice President

4-21 JN

ATTACHMENT TO
1998 NONPROFIT CORPORATION ANNUAL REPORT
FOR
RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.
DOCUMENT # N97000002305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

7.1 Title	D	Addition
7.2 Name	Miller, Carl	
7.3 Street Address	720 N Denning Ave	
7.4 City-St-ZIP	Winter Park FL 32789	
8.1 Title	D	Addition
8.2 Name	Oliver, Ricardo	
8.3 Street Address	1730A Americana Blvd	
8.4 City-St-ZIP	Orlando FL 32839	
9.1 Title	D	Addition
9.2 Name	Zink, William P.	
9.3 Street Address	909 Cordova Dr	
9.4 City-St-ZIP	Orlando FL 32804	