

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90039 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N97000002305</b>		
1. Corporation Name <b>RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.</b>		
Principal Place of Business DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803	Mailing Address DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>04/23/1997</b>	4. FEI Number <b>59-3496844</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EGERTON, CHARLES H DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RABY, EDITH			1.2 NAME			
STREET ADDRESS	1007 BRADFORD DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32792			1.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EGERTON, CHARLES H			2.2 NAME			
STREET ADDRESS	627 CHEROKEE CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARY, SARA E			3.2 NAME			
STREET ADDRESS	1001 POINSETTIA AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATCHER, MARION F			4.2 NAME			
STREET ADDRESS	908 ALBA DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DASHER, ART REV			5.2 NAME			
STREET ADDRESS	6316 MATCHETT RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PINECASTLE FL 32809			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GALBRAITH, PENNY			6.2 NAME			
STREET ADDRESS	51 OAKLEIGH LN.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARION F HATCHER 3/30/99 (407) 425 3886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25037 (11/98)