2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2001 8:00 am
Secretary of State
03-15-2001 90215 049 ****61.25

DOCUMENT # N97000002305

1. Entity Name

RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803	DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
616 DRIVER AVENUE	908 Alba Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FLORIDA	City & State: Orlando, FL
Zip: 32789 Country: USA	Zip: 32804 Country: USA

4. FEI Number: 59-3496844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EGERTON, CHARLES H DEAN MEAD 800 N. MAGNOLIA AVE. #1500 ORLANDO FL 32803	Name: MARION F. HATCHER Street Address (P.O. Box Number is Not Acceptable): 908 ALBA DRIVE City: ORLANDO FL Zip Code: 32804

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Marion F Hatcher 3/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RABY, EDITH 1007 BRADFORD DR. WINTER PARK FL 32792	☐ Delete	D T. PICTON WARLOW IV. 306 E. HARWOOD STREET ORLANDO, FL 32801	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARY, SARA E 1001 POINSETTIA AVE. ORLANDO FL 32804	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HATCHER, MARION F 908 ALBA DR. ORLANDO FL 32804	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DASHER, ART REV 6316 MATCHETT RD. PINECASTLE FL 32809	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALBRAITH, PENNY 51 OAKLEIGH LN. MAITLAND FL 32751	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL SPRAGGINS, JR. 836 SOUTH LAKE ADAIR BLVD. ORLANDO, FL 32804	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion F Hatcher MARION F. HATCHER 03-12-01 407.691-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #