

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002305

1. Entity Name

RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

616 DRIVER AVE  
WINTER PARK FL 32789

908 ALBA DR  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

79 W. Illiana Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32806

Zip

Country

Zip

Country

32806

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

HATCHER, MARION F  
908 ALBA DR  
ORLANDO FL 32804

Name

T. Picton Warlow IV

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

79 W. Illiana Street

City

Orlando

FL

Zip Code

32806

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

T. Picton Warlow IV, CFO. 3-28-02

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	DP	<input type="checkbox"/> Delete
NAME	RABY, EDITH	
STREET ADDRESS	1007 BRADFORD DR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CARY, SARA E	
STREET ADDRESS	1001 POINSETTIA AVE.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HATCHER, MARION F	
STREET ADDRESS	908 ALBA DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARLOW, T PICTON IV	
STREET ADDRESS	3306 E HARWOOD ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALBRAITH, PENNY	
STREET ADDRESS	51 OAKLEIGH LN.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGGINS, MICHEAL JR	
STREET ADDRESS	836 S LANE ADAIR BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	306 E HARWOOD STREET	
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2032 Alameda Drive	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	733 EUCLID AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 (407) 843-3445

FILED  
Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90222 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)