

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90184 003 *****61.25

DOCUMENT # N97000002305

1. Entity Name

RESURRECTION HOUSING OF CENTRAL FLORIDA, INC.



Principal Place of Business

**616 DRIVER AVE
WINTER PARK FL 32789**

Mailing Address

**79 W ILLIANA STREET
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

2503 Howjulees Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

32792

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

**WARLOW, T PICTON IV
79 W ILLIANA STREET
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name **EDITH RABY**

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

2503 Howjulees Court

City **Winter Park, FL**

FL

Zip Code

32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edith Raby

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RABY, EDITH**
STREET ADDRESS **1007 BRADFORD DR.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DS** ☐ Delete
NAME **CARY, SARA E**
STREET ADDRESS **1001 POINSETTIA AVE.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **HATCHER, MARION F**
STREET ADDRESS **908 ALBA DR.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DT** ☒ Delete
NAME **WARLOW, T PICTON IV**
STREET ADDRESS **306 E HARWOOD STREET**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DS** ☐ Delete
NAME **GALBRAITH, PENNY**
STREET ADDRESS **2032 ALAMEDA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DP** ☒ Delete
NAME **SPRAGGINS, MICHEAL JR**
STREET ADDRESS **733 EUCLID AVENUE**
CITY-ST-ZIP **ORLANDO FL 32801**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **RABY, EDITH**
STREET ADDRESS **2503 Howjulees Court**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Edith Raby

4/7/03

(407) 235-1511

CR2E037 (10/02)