

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90113 011 ****61.25

DOCUMENT # N97000002532

1. Entity Name

RESURRECTION LIFE MINISTRIES, INC.

Principal Place of Business

**5807 HILARY STREET
CRESTVIEW FL 32539**

Mailing Address

**P.O. BOX 593
CRESTVIEW FL 32536**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-3465773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATSON, THOMAS M
5807 HILARY STREET
CRESTVIEW FL 32539**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **BATSON, THOMAS M**
CITY-ST-ZIP **5807 HILARY STREET
CRESTVIEW FL 32539**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **HAGEDORN, MIA**
CITY-ST-ZIP **5202 BROOKWOOD LANE
CRESTVIEW FL 32539**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JURECKSKI, DANIEL**
CITY-ST-ZIP **PO BOX 682
CRESTVIEW FL 32536**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **QUALLS, HAROLD**
CITY-ST-ZIP **PO BOX 593
CRESTVIEW FL 32536**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAITE, RON**
CITY-ST-ZIP **PO BOX 593
CRESTVIEW FL 32536**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAGEDON, BRUCE**
CITY-ST-ZIP **5202 BROOKWOOD LANE
CRESTVIEW FL 32539**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED HAGEDORN 1-28-02 (850) 689-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)