

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002532

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RESURRECTION LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

420 E PINE  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

5826 DEERMONT DRIVE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

P.O. BOX 593  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 56-3465773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BATSON, THOMAS M  
5826 DEERMONT DRIVE  
CRESTVIEW, FL 32539 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HAGEDORN, MIA  
Address: 5202 BROOKWOOD LN  
City-St-Zip: CRESTVIEW, FL 32539

Title: PD ( ) Delete  
Name: BATSON, THOMAS M  
Address: 420 E PINE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: DEES, ROBERT  
Address: 420 E PINE  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: HAGEDORN, MIA  
Address: 5826 DEERMONT DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY BATSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date