

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
• 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004744 ✓

1. Corporation Name

RESURRECTION LIFE CHRISTIAN FELLOWSHIP INC.

Principal Place of Business

P O BOX 31238
JACKSONVILLE FL 32230

Mailing Address

P O BOX 31238
JACKSONVILLE FL 32230

99 JUL 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/27/99 9011641012 \$ 61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/18/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3527861	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WILLIAMS, EZEKIEL V
1810 HARBOR ISLAND DRIVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	WILLIAMS, EZEKIEL V	1.2 NAME	WILLIAMS, EZEKIEL V
STREET ADDRESS	1810 HARBOR ISLAND DRIVE	1.3 STREET ADDRESS	1810 HARBOR ISLAND DR
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D	2.1 TITLE	S/D
NAME	WILLIAMS, PAULETTE M	2.2 NAME	WILLIAMS, PAULETTE M
STREET ADDRESS	1810 HARBOR ISLAND DRIVE	2.3 STREET ADDRESS	1810 HARBOR ISLAND
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D	3.1 TITLE	FITZPATRICK, EDDIE
NAME	FITZPATRICK, EDDIE	3.2 NAME	FITZPATRICK, EDDIE
STREET ADDRESS	5327 TIMUQUANA RD, APT #T-175	3.3 STREET ADDRESS	3013 WAVING LANE
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D	4.1 TITLE	D
NAME	FITZPATRICK, TERESA A	4.2 NAME	FITZPATRICK, TERESA A
STREET ADDRESS	5327 TIMUQUANA RD, APT #T-175	4.3 STREET ADDRESS	3013 WAVING LANE
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D	5.1 TITLE	
NAME	BOWE, MICHAEL L SR	5.2 NAME	
STREET ADDRESS	7901 BAYMEADOWS CIRCLE E, APT 407	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MACAYAN, MELISSA M	6.2 NAME	
STREET ADDRESS	8471 SEVILLE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone

CR2E037 (5/99)

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ADDITIONAL DIRECTORS

V/D
WILLIAMS, JOHNNIE B.
P.O. BOX 331
LUDOWICI, GA 31316

D
WILLIAMS, ALFREDIA M.
P.O. BOX 331
LUDOWICI, GA 31316