

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90001 021 ****61.25

DOCUMENT # N00000007911

1. Entity Name

CHURCH OF THE RISEN LORD, INC.



Principal Place of Business

4155 MARKIN DRIVE
JACKSONVILLE FL 32277

Mailing Address

4155 MARKIN DRIVE
JACKSONVILLE FL 32277

2. Principal Place of Business

1341 University Blvd
Suite, Apt. #, etc.

3. Mailing Address

1341 University Blvd
Suite, Apt. #, etc.



MOORE

CR2E037 (4/04)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORDEAUX, ANDREAUX
4155 MARKIN DRIVE
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By September 8, 2004

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 PD
NAME BORDEAUX, ANDREAUX ☐ Delete
STREET ADDRESS 4155 MARKIN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE VT
NAME BORDEAUX, LUCILLE ☐ Delete
STREET ADDRESS 4155 MARKIN DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ST
NAME ULM, KIMBERLY A ☐ Delete
STREET ADDRESS 6811 MAYAPPLE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: *Andreaux Bordeaux* / *Andreaux Bordeaux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

89-04