


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000007911	
<b>1. Entity Name</b> CHURCH OF THE RISEN LORD, INC.	

<b>Principal Place of Business</b> 1341 UNIVERSITY BLVD JACKSONVILLE, FL 32211	<b>Mailing Address</b> 1341 UNIVERSITY BLVD JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



03232006 No Chg-NP CRZE037 (11/05)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BORDEAUX, ANDREAUX  
4155 MARKIN DRIVE  
JACKSONVILLE, FL 32277

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**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 retaking) **DATE** \_\_\_\_\_

<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> BORDEAUX, ANDREAUX
<b>STREET ADDRESS</b> 4155 MARKIN DRIVE	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277
<b>TITLE</b> VT	<b>NAME</b> BORDEAUX, LUCILLE
<b>STREET ADDRESS</b> 4155 MARKIN DRIVE	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32277
<b>TITLE</b> ST	<b>NAME</b> ULM, KIMBERLY A
<b>STREET ADDRESS</b> 6811 MAYAPPLE ROAD	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32211
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 

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U00000534255  
05/08/06-80004-017 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another officer or director.

**SIGNATURE:** Andreaux Bordeaux **4-22-06** **904-705-7721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR