

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010008

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: RAISING YOUR STANDARD IN MINISTRIES INC.

**Current Principal Place of Business:**

374 N W FRIAR ST  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

1625 S E SHEPPARD LANE  
100  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

P O BOX 470068  
LAKE MONROE, FL 32747

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

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

A NEW OUTLOOK ON THE FUTURE INC  
374 N W FRIAR ST  
PORT SAINT LUCIE, FL 34983    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEO                      ( ) Delete  
Name: DENNIS, KARIN N  
Address: P O BOX 470068  
City-St-Zip: LAKE MONROE, FL 32747

Title: VP                      ( ) Delete  
Name: DENNIS, NORMAN L JR  
Address: P O BOX 470068  
City-St-Zip: LAKE MONROE, FL 32747

Title: P                      ( ) Delete  
Name: HILL, LORETTA  
Address: 2317 SHELTER DR  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PAST                      (X) Delete  
Name: CAMPBELL, DIANNE  
Address: P O BOX 470618  
City-St-Zip: LAKE MONROE, FL 32747

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

Title: PAST                      (X) Change ( ) Addition  
Name: DENNIS, KARIN N  
Address: P O BOX 470068  
City-St-Zip: LAKE MONROE, FL 32747

Title: VP                      (X) Change ( ) Addition  
Name: DENNIS, NORMAN L JR  
Address: P O BOX 12564  
City-St-Zip: FORT PIERCE, FL 34979

Title: SECR                      (X) Change ( ) Addition  
Name: DENNIS, KARIN  
Address: 3050 W 23RD ST  
City-St-Zip: SANFORD, FL 32771

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KARIN DENNIS

VP

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date