

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 12 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RCS

DOCUMENT # N05000010008			
1. Entity Name RAISING YOUR STANDARD IN MINISTRIES INC.			
Principal Place of Business 1625 S E SHEPPARD LANE 100 PORT SAINT LUCIE, FL 34983		Mailing Address P O BOX 470068 LAKE MONROE, FL 32747	
2. Principal Place of Business - No P.O. Box # 260 Pine tree Dr		3. Mailing Address Suite, Apt. #, etc.	
City & State Casselberry FL		City & State	
Zip 32707		Country US	
4. FEI Number 26-0512361		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A NEW OUTLOOK FOR OUR FUTURE INC 374 N W FRIAR ST PORT SAINT LUCIE, FL 34983		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 _____ (NOTE: Registered Agent signature required when registering)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PAST DENNIS, KARIN N P O BOX 470068 LAKE MONROE, FL 32747 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DENNIS, NORMAN L JR P O BOX 12584 FORT PIERCE, FL 34979 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECR DENNIS, KARIN 3050 W 23RD ST SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE: 		07-30-07 407 402 6695	

Document corrected per Karin Dennis. RCS