2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010008

FILED Mar 06, 2008 Secretary of State

Entity Name: RAISING YOUR STANDARD IN MINISTRIES INC.

Current Principal Place of	New Prince	New Principal Place of Business:			
260 PINETREE DR CASSELBERRY, FL 32707 US		210 S LAU 100 SANFORD	REL AVE), FL 32771	US	
Current Mailing Address:		New Maili	New Mailing Address:		
P O BOX 470068 LAKE MONROE, FL 32747					
FEI Number: 26-0512361 F	FEI Number Applied For() FEI N	umber Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Curi	Name and	Name and Address of New Registered Agent:			
A NEW OUTLOOK FOR OUR FUTURE INC 374 NW FRIAR ST PORT SAINT LUCIE, FL 34983 US The above named entity submits this statement for the purpose o		210 S LAU 200 SANFORD	SANFORD, FL 32771 US		
in the State of Florida.		or origing .		omeo or regional agent, or bear,	
SIGNATURE: KARIN DENI		03/06/2008			
Electronic S	Signature of Registered Agent			Date	
OFFICERS AND DIRECTO	RS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: P () Del Name: DENNIS, KARIN N Address: P O BOX 470068 City-St-Zip: LAKE MONROE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: VP () Del Name: DENNIS, NORMAN Address: P O BOX 12564 City-St-Zip: FORT PIERCE, FL	L JR	Title: Name: Address: City-St-Zip:	DENNIS, NORM P O BOX 4700		
Title: S () Del Name: DENNIS, KARIN Address: 3050 W 23RD ST City-St-Zip: SANFORD, FL 327		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: () Del Name: Address: City-St-Zip:	lete	Title: Name: Address: City-St-Zip:	D (WILLINGHAM, 3050 W 23RD SANFORD, FL	ST	
Title: () Del Name: Address: City-St-Zip:	lete	Title: Name: Address: City-St-Zip:	D (WILLINGHAM, 3050 W 23RD SANFORD, FL	ST	
Title: () Del Name: Address: City-St-Zip:	lete	Title: Name: Address: City-St-Zip:	•		

I hereby certify that the information supplied with this filing does not qualify 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 P 03/06/2008