

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002475

Entity Name: RISING SON MINISTRIES INC.**Current Principal Place of Business:**105 SIRENA WAY
LAKE PLACID, FL 33852**Current Mailing Address:**P O BOX 2676
LAKE PLACID, FL 33862**FEI Number:** 61-1640088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, JOY L
105 SIRENA WAY
LAKE PLACID, FL 33852 US*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**Officer/Director Detail :**

Title	PD
Name	HARRIS, JOY L
Address	105 SIRENA WAY
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	HOLLAND, FLOYD
Address	3735 PINEVIEW DR.
City-State-Zip:	SEBRING FL 33875

Title	D
Name	HARRIS, JOHN
Address	105 SIRENA WAY
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	DIXON, KEVIN
Address	1525 MEADOWBROOK ST.
City-State-Zip:	LAKE PLACID FL 33852

Title	STD
Name	AMMONS, CHRISTINA
Address	343 NICHELLE BLVD.
City-State-Zip:	LAKE PLACID FL 33582

Title	D
Name	LAGROW, KENNETH
Address	3012 CREEKSIDE CT.
City-State-Zip:	SEBRING FL 33875

I hereby 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 all other like empowered.

SIGNATURE: JOY L HARRIS**PRESIDENT/ PASTOR****01/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date