FILED 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT Jan 20, 2004 8:00 am Secretary of State **DOCUMENT #733065**

	RISE MISSIC ORIDA, INC.	NARY BAPT	IST CHUR	CH OF DAD	E				01-20-20	04 9007	1 008 ***	**61.25
Principal Place 11631 OLD L DADE CITY, F	LAKELAND RD	, ,	Mailing A P.O. BO DADE O		0			1 100000 40000	• HINE HIM NOTE BURNE		# 	W(W)) \$1 \$1 4 \$1
2. Principal Pl	flace of Business		3. Mailing	g Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				01152004	Chg-NP	CR2E	E037 (10/03	3)
City & State			City &	City & State				4. FEI Number 59-218				Applied For Not Applicable
Zip Country			Zip	Zip C			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and	Address of Curre	nt Registered	Agent	`	Name		7. Name and	Address of Nev		d Agent — -	<u> </u>
MATHIS, J 15922 LEM							4AR ddress (F		or is Not Accepts			
DADE CIT	Y, FL IILLS, FL 3354	10				737	1/ N	CAN	AL ST			
						City R	106	E MAN	IOR	F	L Zip C	ode 77-9704
	named entity subtitions of registered		for the purpos	e of changing its r		ed office or	registere	ed agent, or bo	th, in the State of		ım familiar w	ith, and accept
SIGNATURE.		ed name of registerful ag	ent an Latte if applice					when reinstating)	<u> </u>	DAT		
		\$61.25	ent entalte if applica		Registered	Agent signatu	ure required	•	le l	Make che		e to
.10.	Filing Fee is Due by May	\$61.25		9. Election Cam Trust Fund Co	Registered paign Fi ontribution	Agent signatu inancing on.	ure required	\$5.00 May E Added to Fees	le l	Make che	eck payable partment of DIRECTORS	e to
.10. TITLE NAME STREET ADDRESS	Filing Fee is Due by May T WILLIS, HENR 13125 10TH S	\$61.25 1, 2004 OFFICERS AND I		9. Election Cam	paign Fi ontribution 11. TITLE NAME	inancing on.	ure required	\$5.00 May E Added to Fees	le F	Make che	eck payable	e to
.10. TITLE NAME	Signature, typed or pful Filling Fee is Due by May	\$61.25 1, 2004 OFFICERS AND I RY H. TREET L 33525 JOHN G E ST.		9. Election Cam Trust Fund Co	paign Fiontribution 11. TITLE NAME STREE CITY-TITLE NAME STREE	d Agent signaturing on.	DT LET 373	\$5.00 May EAdded to Fees DDITIONS/CH	ANGES TO OFFI	Make chelorida Dep	eck payable partment of DIRECTORS	e to f State S IN 10 ge
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

HARVEY D. SPERRY - JAN 15, 2004 -1-352-583-2803