2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006902

Entity Name: RISE AGAIN MINISTRIES, INC.

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34689

646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34688

Current Mailing Address: New Mailing Address:

646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34689
646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34688

FEI Number: 59-3680361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RIDDELL, THEROLL RIDDELL, THEROLL

646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34689 US
646 WHISPERING LAKE BLVD
TARPON SPRINGS, FL 34688 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: THEROLL RIDDELL 07/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 RIDDELL, THEROLL
 Name:

 Address:
 646 WHISPERING LAKE BLVD
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34689
 City-St-Zip:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 RIDDELL, ELIZABETH W

Name: RIDDELL, ELIZABETH W

Address: 646 WHISPERING LAKE BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Name: MIDDLEL, ELIZADETTW
Address: 646 WHISPERING LAKE BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete Title: () Change () Addition

 Name:
 KIRKLAND, REV. SAMUEL
 Name:

 Address:
 1109 E. OSBORNE AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33603
 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: THEROLL RIDDELL PD 07/06/2007