

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90045 028 \*\*\*\*61.25

40097297



02282007 No Chg-NP CR2E037 (4/06)

**DOCUMENT # N00000007911**  
 1. Entity Name  
 CHURCH OF THE RISEN LORD, INC.



Principal Place of Business: 1341 UNIVERSITY BLVD, JACKSONVILLE, FL 32211  
 Mailing Address: 1341 UNIVERSITY BLVD, JACKSONVILLE, FL 32211

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: NOT APPLICABLE  
 Applied For:  Applied For,  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BORDEAUX, ANDREAUX  
 4155 MARKIN DRIVE  
 JACKSONVILLE, FL 32277

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE: \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BORDEAUX, ANDREAUX 4155 MARKIN DRIVE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BORDEAUX, LUCILLE 4155 MARKIN DRIVE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ULM, KIMBERLY A 6811 MAYAPPLE ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Andreaux Bordeaux 4/24/07 904-745-7721  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 ANDREAUX BORDEAUX