

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90025 041 \*\*\*\*61.25

**DOCUMENT # N01000001190**

1. Entity Name

**RISEN MESSIAH MINISTRIES, INC.**



Principal Place of Business

**2980 JOG RD  
LAKE WORTH FL 33463**

Mailing Address

**PO BOX 541984  
LAKE WORTH FL 33454-1984**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-1090903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOLPHUS, GARY SR  
7881 PEBBLE BEACH CT.  
LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> Delete
NAME	DOLPHUS, GARY SR	
STREET ADDRESS	7881 PEBBLE BEACH CT.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOLPHUS, PATRICIA A	
STREET ADDRESS	7881 PEBBLE BEACH CT.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERRE, ESPERANDIEU	
STREET ADDRESS	PO BOX 15665	
CITY-ST-ZIP	WEST PALM BCH FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDRON, HUBERT	
STREET ADDRESS	120 SHERWOOD CIR STE 9-D	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDRON, JACINTH	
STREET ADDRESS	120 SHERWOOD CIR STE 9-D	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*P.A. Dolphus / P.A. Dolphus 2/22/08 561-966-0780*