

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 23, 2002 8:00 am
Secretary of State

05-12-2002 90617 043 ****70.00

DOCUMENT # N01000001314

1. Entity Name
RISEN SON MINISTRIES INC.

Principal Place of Business Mailing Address
316 FAN PALM PLACE **P O BOX 18917**
PANAMA CITY BEACH FL 32408 **PANAMA CITY BEACH FL 32417-8917**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3313590 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAUTHIER, ROGER K.
316 FAN PALM PLACE
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Senior Minister	Roger K Gauthier	Po Box 18917	Panama City Beach FL 32407-8917	Director
Senior Minister	Rebecca L. Gauthier	Po Box 18917	Panama City Beach FL 32417	Trustee
	Ross Taylor	Po Box 18917	Panama City Beach FL 32417	Director
	Bobby Miller	Po Box 18917	Panama City Beach FL 32417	Trustee
	Jeff Berensford	Po Box 18917	Panama City Beach FL 32417	Director
	Ken Patterson	Po Box 18917	Panama City Beach FL 32417	Director

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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.

SIGNATURE: _____ **SIGNATURE REQUIRED**

4/24/02

850-236-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)