2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001314

Entity Name: RISEN SON MINISTRIES INC.

FILED May 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 316 FAN PALM PLACE PANAMA CITY BEACH, FL 32408 **Current Mailing Address: New Mailing Address:** P O BOX 18917 PANAMA CITY BEACH, FL 324178917 FEI Number: 59-3313590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAUTHIER, ROGER K 316 FAN PÁLM PLACE PANAMA CITY BEACH, FL 32408 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GAUTHIER, ROGER K Name: Name: P.O BOX 18917 Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 324078917 City-St-Zip: Title: SMT () Delete Title: () Change () Addition Name: GAUTHIER, REBECCA L Name: Address: P.O BOX 18917 Address: City-St-Zip: PANAMA CITY BEACH, FL 324078917 City-St-Zip: Title: () Delete Title: () Change () Addition TAYLOR, ROSS Name: Name: Address: P.O BOX 18917 Address: City-St-Zip: PANAMA CITY BEACH, FL 324078917 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MILLER, BOBBY Name: Address: P.O BOX 18917 Address: City-St-Zip: PANAMA CITY BEACH, FL 324078917 City-St-Zip: Title: () Delete Title: () Change () Addition BERESFORD, JEFF Name: Name: P.O BOX 18917 Address: Address: PANAMA CITY BEACH, FL 324078917 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition PATTERSON, KEN Name: Name: Address: P.O BOX 18917 Address: PANAMA CITY BEACH, FL 324078917 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROGER K. GAUTHIER SMD 05/19/2004