

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N01000001314

Entity Name: RISEN SON MINISTRIES INC.

Current Principal Place of Business:

316 FAN PALM PLACE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

P O BOX 18917
PANAMA CITY BEACH, FL 324178917

New Mailing Address:

FEI Number: 59-3313590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: SMD () Delete
Name: GAUTHIER, ROGER K
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

Title: SMT () Delete
Name: GAUTHIER, REBECCA L
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

Title: D () Delete
Name: TAYLOR, ROSS
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

Title: T () Delete
Name: MILLER, BOBBY
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

Title: D () Delete
Name: BERESFORD, JEFF
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

Title: D () Delete
Name: PATTERSON, KEN
Address: P.O BOX 18917
City-St-Zip: PANAMA CITY BEACH, FL 324078917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROGER K. GAUTHIER

SMD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date