

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001314

FILED  
Jan 30, 2011  
Secretary of State

**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:**

567 POCAHONTAS DRIVE  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

P O BOX 1045  
FT. WALTON BEACH, FL 32549

**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  
**Name:** GAUTHIER, ROGER K  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

**Title:** SMT  
**Name:** GAUTHIER, REBECCA L  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

**Title:** D  
**Name:** RICHARD, BILLY  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

**Title:** T  
**Name:** MILLER, BOBBY  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

**Title:** D  
**Name:** BERESFORD, JEFF  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

**Title:** D  
**Name:** PATTERSON, KEN  
**Address:** P.O BOX 1045  
**City-St-Zip:** FT. WALTON BEACH, FL 32549

I hereby 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 all other like empowered.

**SIGNATURE:** ROGER K. GAUTHIER

SMD

01/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date