

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90079 010 ****70.00

20030700

DOCUMENT # N01000001314

1. Entity Name

RISEN SON MINISTRIES INC.



Principal Place of Business

**316 FAN PALM PLACE
PANAMA CITY BEACH FL 32408**

Mailing Address

**P O BOX 18917
PANAMA CITY BEACH FL 32417-8917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3313590**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Roger K. Gauthier
Signature typed or printed name of registered agent and title if applicable

Roger K. Gauthier
(NOTE: Registered Agent signature required when reinstating)

7/5/03
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD GAUTHIER, ROGER K P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMT GAUTHIER, REBECCA L P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROSS P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, BOBBY P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERESFORD, JEFF P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, KEN P.O BOX 18917 PANAMA CITY BEACH FL 32407-8917	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

Roger K. Gauthier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/03
Date

850-236-2022
Daytime Phone

CR2E037 (4/03)