2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007386

1. Entity Name

THE CHURCH OF THE RISEN SAVIOR, INC.

Principal Place of Business	Mailing Address
119 MARION OAKS BOULEVARD SUITE E OCALA FL 34473 US	119 MARION OAKS BOULEVARD SUITE E OCALA FL 34473 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
119 marion OAKS Blvd.	119 marion OAKS Blvd
Suite, Apt. #, etc. Suite E.	Suite, Apt. #, etc. Suite E
City & State Florida Ocala	City & State Ocala Florida
Zip / Country 34473 / marion	Zip / Country 34473 / marion

4. FEI Number 52-2386524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNIGHT, EUGENIE 13247 S.W. 3RD COURT OCALA FL 34473	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	D RAMSEY, JEAN 2351 SW 146TH LOOP OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000465249 03/22/06-80027-018 61.25 ☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, EUGENIE 13247 S.W. 3RD COURT OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, CHERYL 13129 S.W. 35TH CIRCLE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, RICKY 13129 S.W. 35TH CIRCLE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REID, VIVINE 12 CLEAR WAY OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REID, GLENROY 12 CLEAR WAY OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 _____ EUGENIE KNIGHT 3/10/06 (352) 347-7464