

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90082 045 \*\*\*\*61.25

**DOCUMENT # N02000007386**

1. Entity Name

THE CHURCH OF THE RISEN SAVIOR, INC.



Principal Place of Business

119 MARION OAKS BOULEVARD  
SUITE E  
OCALA FL 34473  
US

Mailing Address

119 MARION OAKS BOULEVARD  
SUITE E  
OCALA FL 34473  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

KNIGHT, EUGENIE  
13247 S.W. 3RD COURT  
OCALA FL 34473

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY ST ZIP	D RAMSEY, JEAN 2351 SW 146TH LOOP OCALA FL 34473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D KNIGHT, EUGENIE 13247 S.W. 3RD COURT OCALA FL 34473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOORE, CHERYL 13129 S.W. 35TH CIRCLE OCALA FL 34473	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOORE, RICKY 13129 S.W. 35TH CIRCLE OCALA FL 34473	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D REID, VIVINE 12 CLEAR WAY OCALA FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D REID, GLENROY 12 CLEAR WAY OCALA FL 34472	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

PETER CAMPBELL  
12403 SCOTTISH PINE LANE  
CLEARWATER FL 34711-  
LINDA MAXSON  
3685 SW 177 LANE ROAD  
OCALA FL 34473

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* Director Date *March 3, 2007*