

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007386

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE CHURCH OF THE RISEN SAVIOR, INC.

Current Principal Place of Business:

119 MARION OAKS BOULEVARD
SUITE E
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

119 MARION OAKS BOULEVARD
SUITE E
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 52-2386524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, EUGENIE
13247 S.W. 3RD COURT
OCALA, FL 34473 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: D () Delete
Name: RAMSEY, JEAN
Address: 2351 SW 146TH LOOP
City-St-Zip: OCALA, FL 34473 US

Title: D () Delete
Name: KNIGHT, EUGENIE
Address: 13247 S.W. 3RD COURT
City-St-Zip: OCALA, FL 34473 US

Title: D () Delete
Name: CAMPBELL, PETER
Address: 12403 SCOTTISH PINE LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Delete
Name: MAXON, LINDA
Address: 3685 SW 177 LANE ROAD
City-St-Zip: OCALA, FL 34473 US

Title: D () Delete
Name: REID, VIVINE
Address: 12 CLEAR WAY
City-St-Zip: OCALA, FL 34472 US

Title: D () Delete
Name: REID, GLENROY
Address: 12 CLEAR WAY
City-St-Zip: OCALA, FL 34472

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
Name:
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: EUGENIE KNIGHT

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date