


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000008420 1. Entity Name THE RELIGIOUS ORDER OF THE CIRCLE OF ISIS RISING, INC.		
Principal Place of Business 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	Mailing Address 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICHARD J. DEWITT, P.A. 2000 PONCE DE LEON BLVD. 6TH FLOOR CORAL GABLES, FL 33134		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____ U000000117897 04/19/04-80038-008 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CHERYL REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JAMES R REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANOS, BETTY REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Rev. Cheryl Richardson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/04 Daytime Phone (305) 265-2228



04112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2110398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	