


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90510 048 ****61.25

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	
2. Principal Place of Business 12031 SW 107 St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 83-196 Suite, Apt. #, etc.	
City & State miami FL Zip 33186 Country USA		City & State miami FL Zip 33283-196 Country USA	
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	
6. Name and Address of Current Registered Agent RICHARD J. DEWITT, P.A. 2000 PONCE DE LEON BLVD. 6TH FLOOR CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D RICHARDSON, CHERYL REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	TITLE	Richardson, Sandra C. Rev.
NAME		NAME	12031 SW 107 St
STREET ADDRESS		STREET ADDRESS	miami FL 33186
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D JONES, JAMES R REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	TITLE	12031 SW 107 St
NAME		NAME	miami FL 33186
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BANOS, BETTY REV. 7360 S.W. 24TH STREET #17A MIAMI, FL 33155	TITLE	12031 SW 107 St
NAME		NAME	miami FL 33186
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<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)(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>[Signature]</i>		4/28/05 (305) 265-2228	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	