2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000457

1. Entity Name
RESURRECTION THRU CHRIST, INC.

Principal Place of Business	Mailing Address
1150 HWY 41 STE #5 VILLAGE MALL JASPER, FL 32052	1150 HWY 41 STE #5 VILLAGE MALL JASPER, FL 32052

DO NOT WRITE IN THIS SPACE

01/12/2005 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-2041895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KISER, HELEN E
898 SW SIXTH ST
JASPER, FL 32052

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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's signature required when reinstating).

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KISER, HELEN E
STREET ADDRESS	P.O.BOX 1451
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	BYRD, RUDOLPH JR
STREET ADDRESS	P.O.BOX 305
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	BYRD, ANNISSA
STREET ADDRESS	P.O.BOX 305
CITY-ST-ZIP	JASPER, FL 32052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000197052
01/26/05-80096-007 69.00

U00000197052
01/26/05-80096-008 1.00

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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: Helen Kiser Jan 21, 2005 386-792-2848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #