

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000457

1. Entity Name  
RESURRECTION THRU CHRIST, INC.



FILED

07 JAN 12 AM 8:33

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

Mailing Address  
1150 HWY 41 STE #5 VILLAGE MALL  
JASPER, FL 32052

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072007 No Chg-NP CR2E037 (4/06) 07

**DO NOT WRITE IN THIS SPACE**

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 Change 217 3rd St S.W  
JASPER, FL 32052

**DO NOT WRITE  
IN THIS SPACE**

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 Helen E Kiser - pastor

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

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 2007

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

500085633685  
01/23/07--01003--012 \*\*61.25

500085633685  
01/23/07--01003--013 \*\*8.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2007 386-138-1653  
Date Daytime Phone #