


**-2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000457 1. Entity Name RESURRECTION THRU CHRIST, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-2041895	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KISER, HELEN E 217 3RD STREET S.W. JASPER, FL 32052
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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 <u>Helen E. Kiser</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>January 28, 2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/08-80020-023 70.00

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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: <u>Helen Kiser</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Helen E. Kiser</u> Date	<u>January 28, 2008</u> Daytime Phone #
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(386-772-1087)