07-06-2007 90002 032 ***160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DCS

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010008

1. Entity Name
RAISING YOUR STANDARD IN MINISTRIES INC.

Principal Place of Business	Mailing Address
1625 S E SHEPPARD LANE 100 PORT SAINT LUCIE, FL 34983	P O BOX 470068 LAKE MONROE, FL 32747

04302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
260 Pinetree Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry FL	City & State
Zip: 32707 Country: U S	Zip / Country

4. FEI Number: 26-0512361 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A NEW OUTLOOK ~~ON THE~~ FOR OUR FUTURE INC 374 N W FRIAR ST PORT SAINT LUCIE, FL 34983	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when combining.)

Filing Fee is $61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST DENNIS, KARIN N P O BOX 470068 LAKE MONROE, FL 32747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DENNIS, NORMAN L JR P O BOX 12564 FORT PIERCE, FL 34979	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR DENNIS, KARIN 3050 W 23RD ST SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 04-30-07 407 402 6695
(SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR) Date Daytime Phone #

Document Corrected per Karin Dennis. DCS