

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

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008355

1. Entity Name
RISING FAITH IN CHRIST MINISTRIES, INC.



Principal Place of Business
411 N MAIN STREET
CHIEFLAND, FL 32626

Mailing Address
411 N MAIN STREET
CHIEFLAND, FL 32626



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2553881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNUCKLES, MARILYN ANDREA
8051 NW 60TH AVENUE
CHIEFLAND, FL 32626

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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

Marilyn Andrea Knuckles

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

(NOTE: Registered Agent signature required when reinstating)

1/22/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
PP
KNUCKLES, MARILYN ANDREA
8051 NW 60TH AVENUE
CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KNUCKLES, DALE
8051 NW 60TH AVENUE
CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
THISSE, SHELLIE ATHENA
411 NORTH MAIN STREET (US 19)
CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VP
KEENE, SHANE
8750 NW 77TH PLACE
CHIEFLAND, FL 32626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000791961
01/23/08-80098-015 61.25

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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:

Marilyn Andrea Knuckles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

DATE

Daytime Phone #