

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008355

FILED
Jan 19, 2009
Secretary of State

Entity Name: RISING FAITH IN CHRIST MINISTRIES, INC.

Current Principal Place of Business:

411 N MAIN STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

411 N MAIN STREET
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 56-2553881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: KNUCKLES, MARILYN ANDREA
Address: 8051 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626

Title: VP () Delete
Name: KNUCKLES, DALE
Address: 8051 NW 60TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626

Title: ST () Delete
Name: THISSE, SHELLIE ATHENA
Address: 411 NORTH MAIN STREET (US 19)
City-St-Zip: CHIEFLAND, FL 32626

Title: 2VP () Delete
Name: KEENE, SHANE
Address: 8750 NW 77TH PLACE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN ANDREA KNUCKLES

PP

01/19/2009

Electronic Signature of Signing Officer or Director

Date