

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008355

**FILED**  
**Feb 16, 2010**  
**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  
Name: KNUCKLES, MARILYN ANDREA  
Address: 8051 NW 60TH AVENUE  
City-St-Zip: CHIEFLAND, FL 32626

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: M. ANDERA KNUCKLES

PP

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date