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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18921 (9)

1. Corporation Name

THE CHURCH OF THE RISEN MESSIAH, INC.

Principal Place of Business	Mailing Address
C/O GARY DOLPHUS P O BOX 18503 WEST PALM BEACH FL 33516-8503 US	C/O GARY DOLPHUS P O BOX 18503 WEST PALM BEACH FL 33416-8503 US

3. Date Incorporated or Qualified: 01/26/1987
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business	2a. Mailing Address
21 Church of Risen Messiah	26 Church of Risen Messiah
22 Suite, Apt. #, etc: P.O. Box 3264	27 Suite, Apt. #, etc: P.O. Box 3264
23 City & State: Boynton Beach, FL	28 City & State: Boynton Beach, FL
24 Zip: 33424 25 Country: US	29 Zip: 33424 30 Country: US

4. FEI Number: 59-2749331 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOLPHUS, GARY
2919 DORSON WAY
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOLPHUS, GARY		1.2 NAME	
STREET ADDRESS	2919 DORSON WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, JUDITH A		2.2 NAME	
STREET ADDRESS	1629 NORTH PALMWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLPHUS, PATRICIA		3.2 NAME	
STREET ADDRESS	2919 DORSON WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GARSKE, DONNA VICTORIA		4.2 NAME	
STREET ADDRESS	148 ROWLEY		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, JOHN		5.2 NAME	
STREET ADDRESS	6750 WINFIELD BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOTLOW, TIMOTHY		6.2 NAME	
STREET ADDRESS	13106 157TH CT N		6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Dolphus SIGNATURE Patricia Dolphus Treasurer 3/5/97 561-495-7783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041419