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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18921**

1. Corporation Name
THE CHURCH OF THE RISEN MESSIAH, INC.

Principal Place of Business	Mailing Address
CHURCH OF RISEN MESSIAH PO BOX 3264 BOYNTON BCH FL 33424 US	CHURCH OF RISEN MESSIAH PO BOX 3264 BOYNTON BCH FL 33424 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/26/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2749331 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Gary Dolphus
82 Street Address (P.O. Box Number is Not Acceptable): 7881 Pebble Beach Ct.
83
84 City: Lake Worth FL 85 Zip Code: 33467

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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Patricia Dolphus 4/1/99 561-966-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #