2004 NOT-FOR-PROFIT CORPORATION _ANNUAL REPORT (AR)

<u>بخر</u>

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # N18921 1. Entity Name 02-04-2004 90081 002 ****61.25 THE CHURCH OF THE RISEN MESSIAH, INC. Principal Place of Business Mailing Address CHURCH OF RISEN MESSIAH CHURCH OF RISEN MESSIAH **ひないエッペー**~~ PO BOX 541984 PO BOX 541984 LAKE WORTH FL 33454-1984 LAKE WORTH FL 33454-1984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2749331 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOLPHUS, GARY Street Address (P.O. Box Number is Not Acceptable) 7881 PEBBLE BEACH CT LAKE WORTH FL 33467 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete DOLPHUS, GARY NAME 7881 PEBBLE BEACH CT STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP SOJankowski Judith A. ☐ Change ☐ Addition ☐ Delete TITLE DREWER, JUDITH A NAME NAME 4289 Oak Terrace Drive 1629 NORTH PALMWAY" STREET ADDRESS STREET ADDRESS Greenacres, FL 33463 LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE DOLPHUS, PATRICIA NAME NAME 7881 PEBBLE BEACH CT STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE LONG, JOHN NAME NAME 5205 NW 51 ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MOTLOW, TIMOTHY NAME NAME 9788 EL CLAIR RANCH RD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE MOTLOW, LORRAINE NAME NAME 9788 EL CLAIR RANCH RD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP

12. 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 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

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