

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 015 ****61.25

DOCUMENT # N18921

1. Entity Name

THE CHURCH OF THE RISEN MESSIAH, INC.



Principal Place of Business

CHURCH OF RISEN MESSIAH
PO BOX 541984
LAKE WORTH FL 33454-1984
US

Mailing Address

CHURCH OF RISEN MESSIAH
PO BOX 541984
LAKE WORTH FL 33454-1984
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2749331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLPHUS, GARY
7881 PEBBLE BEACH CT
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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 is a d applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DOLPHUS, GARY
STREET ADDRESS 7881 PEBBLE BEACH CT
CITY-STATE-ZIP DELRAY BEACH FL ☐ Delete

TITLE Director
NAME Grace Long
STREET ADDRESS 5205 NW 31st.
CITY-STATE-ZIP Coconut Creek, FL 33073 ☐ Change ☒ Addition

TITLE SD
NAME JANKOWSKI, JUDITH A
STREET ADDRESS 4289 OAK TERRACE DRIVE
CITY-STATE-ZIP GREENACRES FL 33462 ☐ Delete

TITLE Director
NAME Zafrul Jackson
STREET ADDRESS 5935 Westfall Road
CITY-STATE-ZIP Lake Worth, FL 33463 ☐ Change ☒ Addition

TITLE TD
NAME DOLPHUS, PATRICIA
STREET ADDRESS 7881 PEBBLE BEACH CT
CITY-STATE-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE Director
NAME Pamela Jackson
STREET ADDRESS 5935 Westfall Road
CITY-STATE-ZIP Lake Worth, FL 33463 ☐ Change ☒ Addition

TITLE D
NAME LONG, JOHN
STREET ADDRESS 5205 NW 31 ST
CITY-STATE-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DV
NAME MOTLOW, TIMOTHY
STREET ADDRESS 9788 EL CLAIR RANCH RD
CITY-STATE-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOTLOW, LORRAINE
STREET ADDRESS 9788 EL CLAIR RANCH RD
CITY-STATE-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Dolphus* / Patricia Dolphus 3/24/08 561-966-0780