2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18921

FILED Apr 09, 2009 Secretary of State

Entity Name: THE CHURCH OF THE RISEN MESSIAH, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
CHURCH OF RISEN MESSIAH PO BOX 541984			CHURCH OF RISE 2980 JOG ROAD		
_AKE WO)RTH, FL 33454	41984 US	GREENACRES, FL	. 33467 US	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
CHURCH OF RISEN MESSIAH PO BOX 541984 LAKE WORTH, FL 334541984 US			2980 JOG ROAD	CHURCH OF RISEN MESSIAH 2980 JOG ROAD GREENACRES, FL 33467 US	
	r: 59-2749331	FEI Number Applied For ()	FEI Number Not Applicable ()		
Name and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
DOLPHUS 7881 PEB					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD () DOLPHUS, GAR 7881 PEBBLE E DELRAY BEACH	BEACH CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD () JANKOWSKI, JI 4289 OAK TERF GREENACRES,	RACE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD () DOLPHUS, PAT 7881 PEBBLE E LAKE WORTH,	BEACH CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: City-St-Zip:	D () LONG, JOHN 5205 NW 51 ST COCONUT CRE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DV () MOTLOW, TIMO 9788 EL CLAIR BOYNTON BEA	RANCH RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	D ()	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY DOLPHUS PD 04/09/2009