

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90048 017 ****61.25

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01192005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000006512 1. Entity Name RISING RIVER COMMUNITY CHURCH, INC.					
Principal Place of Business 807 S RIFLE RANGE ROAD WAHNETA, FL 33880			Mailing Address PO BOX 29 LAKE ALFRED, FL 33850		
2. Principal Place of Business 3240 DUNDIE ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER HAVEN, FL		City & State _____		4. FEI Number 59-3604940	
Zip 33880		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTON, BILLY D 425 POMELO ST LAKE ALFRED, FL 33850			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1541 HOLLY ROAD _____ City LAKE LAND		
FL Zip Code 33801			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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			BILLY D. BENTON <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, BILLY D		NAME		
STREET ADDRESS	1541 HOLLY RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTON, PAMELA J		NAME		
STREET ADDRESS	1541 HOLLY RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE LAND, FL 33801		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSSELL, SHARON C		NAME		
STREET ADDRESS	3915 AVE R N.W.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WALLACE PERRY	
STREET ADDRESS			STREET ADDRESS	6 LYCHEE DRIVE # 6	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			BILLY D. BENTON <small>Date</small>		
			1-22-05 <small>Daytime Phone #</small>		
			(863) 577-6545		