

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2014
Secretary of State
CC4699644830

Entity Name: RISK TAKERS FOR CHRIST, INC.

Current Principal Place of Business:

955 33RD AVENUE SW
VERO BEACH, FL 32968

Current Mailing Address:

POST OFFICE BOX 651421
VERO BEACH, FL 32965

FEI Number: 45-3515230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLADING, DALE M
955 33RD AVENUE SW
VERO BEACH, FL 32968 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name GLADING, DALE M
Address 955 33RD AVENUE SW
City-State-Zip: VERO BEACH FL 32968

Title VP
Name LILLY, LAWRENCE
Address 14365 SHILOH WAY
City-State-Zip: LAUREL DE 19947

Title TRUSTEE
Name CUTTING, KEITH
Address 107 CONGRESS ST
City-State-Zip: VERO BEACH FL 32966

Title SECRETARY/TREASURER
Name GRIFFIN, THOMAS
Address 5638 SUNBERRY CIRCLE
City-State-Zip: FORT PIERCE FL 34951-3112

Title TRUSTEE
Name KENNEDY, THOMAS
Address 1426 21ST STREET
City-State-Zip: VERO BEACH FL 32960

Title TRUSTEE
Name BATEMAN, CHARLES
Address 2014 COMMERCE AVENUE
City-State-Zip: VERO BEACH FL 32960

Title TRUSTEE
Name FANCHER, LANCE
Address PO BOX 7005
City-State-Zip: VERO BEACH FL 32961

Title TRUSTEE
Name TROPF, KENNETH
Address 100 11TH AVENUE
City-State-Zip: VERO BEACH FL 32962

I hereby 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 all other like empowered.

SIGNATURE: DALE GLADING

PRESIDENT

02/03/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date