

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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90038 007 ****61.25

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1. Entity Name

ARISE & SHINE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

3360 SW COUNTY ROAD 769
ARCADIA FL 34269
US

Mailing Address

3360 SW COUNTY ROAD 769
ARCADIA FL 34269
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FLEMING, EDWARD P
4300 BAYOU BLVD SUITE 12 & 13
PENSACOLA FL 32503-1009

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PDCM ☐ Delete
NAME WOOD, DIRK
STREET ADDRESS 32 ROTHERHITHE NEW ROAD
CITY-ST-ZIP LONDON SE

TITLE VD ☐ Delete
NAME SAME, STEVE
STREET ADDRESS 32 ROTHERHITHE NEW ROAD
CITY-ST-ZIP LONDON SE

TITLE SD ☐ Delete
NAME RANDALL, MARK
STREET ADDRESS POST OFFICE CABUYAO
CITY-ST-ZIP 4025 LAGUNA PH

TITLE TD ☐ Delete
NAME LOGAN, CRAIG
STREET ADDRESS POST OFFICE CABUYA
CITY-ST-ZIP 4025 LAGUNA PH

TITLE VD ☐ Delete
NAME THOMAS, ROBERT F
STREET ADDRESS 3360 SW COUNTY ROAD 769
CITY-ST-ZIP ARCADIA FL 34269

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS E3 WEST LODGE, PINETREE Ave.
CITY-ST-ZIP CLAREMONT 7745, w. Cape, S. Africa

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP: 56162AD

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Robert F. Thomas* Robert F. THOMAS

3-15-04

863-494-6477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #