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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004083 (1)**

1. Corporation Name

ARISE & SHINE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3360 SW COUNTY ROAD 769 ARCADIA FL 33821 US	3360 SW COUNTY ROAD 769 ARCADIA FL 34266-7112 US

3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0524235	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
FLEMING, EDWARD P 4300 BAYOU BLVD SUITE 12 & 13 PENSACOLA FL 32503-1009	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WOODS, DIRK
STREET ADDRESS	18 MALAM GARDENS POPLAR
CITY-ST-ZIP	LONDON E140TR EN
TITLE	<input type="checkbox"/> DELETE
NAME	D SAME, STEVE
STREET ADDRESS	18 MALAM GARDENS, POPLAR
CITY-ST-ZIP	LONDON E140TR EN
TITLE	<input type="checkbox"/> DELETE
NAME	D RANDALL, MARK
STREET ADDRESS	POST OFFICE CABUYAO
CITY-ST-ZIP	4025 LAGUNA PH
TITLE	<input type="checkbox"/> DELETE
NAME	D LOGAN, CRAIG
STREET ADDRESS	POST OFFICE CABUYA
CITY-ST-ZIP	4025 LAGUNA PH
TITLE	<input type="checkbox"/> DELETE
NAME	VPD THOMAS, ROBERT F
STREET ADDRESS	3360 SW COUNTY ROAD 769
CITY-ST-ZIP	ARCADIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	32 Rotherhithe New Road
1.4 CITY-ST-ZIP	London, SE 16 2AD, ENGLAND
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	32 Rotherhithe New Road
2.4 CITY-ST-ZIP	London, SE 16 2AD, ENGLAND
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	34266
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert F. Thomas** *Robert F. Thomas* **1-27-97 (941) 494-6477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0063968**

CR2E037 (9/96)