

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004083 (1)**

1. Corporation Name

ARISE & SHINE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business 3380 SW COUNTY ROAD 769 ARCADIA FL 34206 US		Mailing Address 3380 SW COUNTY ROAD 769 ARCADIA FL 34206 US		3. Date Incorporated or Qualified 08/18/1994	
2. Principal Place of Business 21		2a. Mailing Address 26 34266		4. FEI Number 65-0524235	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25 DeSoto		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Country 25 DeSoto		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, DIRK	1.2 NAME	
STREET ADDRESS	32 ROTHERWITHE NEW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON SE	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME, STEVE	2.2 NAME	
STREET ADDRESS	32 ROTHERWITHE NEW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON SE	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, MARK	3.2 NAME	
STREET ADDRESS	POST OFFICE CABUYAO	3.3 STREET ADDRESS	
CITY-ST-ZIP	4025 LAGUNA PH	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, CRAIG	4.2 NAME	
STREET ADDRESS	POST OFFICE CABUYAO	4.3 STREET ADDRESS	
CITY-ST-ZIP	4025 LAGUNA PH	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ROBERT F	5.2 NAME	
STREET ADDRESS	3380 SW COUNTY ROAD 769	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266	5.4 CITY-ST-ZIP	34266
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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** April 15, 1998 941-494-

CR2E037 (10/97)