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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004083					
1. Corporation Name ARISE & SHINE EVANGELISTIC ASSOCIATION, INC.					
Principal Place of Business 3360 SW COUNTY ROAD 769 ARCADIA FL 34266 US			Mailing Address 3360 SW COUNTY ROAD 769 ARCADIA FL 34266 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/18/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0524235	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLEMING, EDWARD P 4300 BAYOU BLVD SUITE 12 & 13 PENSACOLA FL 32503-1009				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 617.1508, 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	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	WOODS, DIRK	1.1 TITLE	P/D/C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	32 ROTHERHITHE NEW ROAD	1.2 NAME	WOOD, DIRK		
CITY-ST-ZIP	LONDON SE	1.3 STREET ADDRESS			
TITLE	D	1.4 CITY-ST-ZIP			
NAME	SAME, STEVE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	32 ROTHERHITHE NEW ROAD	2.2 NAME			
CITY-ST-ZIP	LONDON SE	2.3 STREET ADDRESS			
TITLE	D	2.4 CITY-ST-ZIP			
NAME	RANDALL, MARK	3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	POST OFFICE CABUYAO	3.2 NAME			
CITY-ST-ZIP	4025 LAGUNA PH	3.3 STREET ADDRESS			
TITLE	D	3.4 CITY-ST-ZIP			
NAME	LOGAN, CRAIG	4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	POST OFFICE CABUYA	4.2 NAME			
CITY-ST-ZIP	4025 LAGUNA PH	4.3 STREET ADDRESS			
TITLE	VPD	4.4 CITY-ST-ZIP			
NAME	THOMAS, ROBERT F	5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3360 SW COUNTY ROAD 769	5.2 NAME			
CITY-ST-ZIP	ARCADIA FL 34266	5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		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, with all other like empowered.

SIGNATURE: *Robert F. Thomas* **3-30-99** **(941) 494-6477**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-411981