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Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 730326 (6)

1. Corporation Name  
ARISE AND WALK, INC.



Principal Place of Business Mailing Address  
7124 BEACH BLVD JACKSONVILLE FL 32216-9833  
7124 BEACH BLVD JACKSONVILLE FL 32216-2833

3. Date Incorporated or Qualified 07/31/1974  
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1535851  
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, JAMES V.  
1105 CARLOTTA ROAD, WEST  
JACKSONVILLE FL 32211

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD DELETED  
NAME FREEMAN, JAMES V.  
STREET ADDRESS 1105 CARLOTTA RD. W.  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PTD Change Addition  
1.2 NAME Freeman, James V.  
1.3 STREET ADDRESS 1909 University Blvd. S., #708  
1.4 CITY-ST-ZIP Jacksonville FL 32216-8958

TITLE VD DELETED  
NAME FREEMAN, MARY B.  
STREET ADDRESS 1105 CARLOTTA RD. W.  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE VD Change Addition  
2.2 NAME Freeman, Mary B.  
2.3 STREET ADDRESS 1909 University Blvd S., #708  
2.4 CITY-ST-ZIP Jacksonville FL 32216-8958

TITLE SD DELETED  
NAME DUPUIS, MICHAEL D.  
STREET ADDRESS 12041 ARBOR LAKE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE DELETED  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE DELETED  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE DELETED  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE DELETED  
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: James V Freeman 1/7/97 904-724-2656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005595

CR2E037 (9/96)