

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006816

FILED
Aug 28, 2002
Secretary of State

Entity Name: ARISE CHRISTIAN CENTER INC

Current Principal Place of Business:

11011 HARTS RD #1205
JACKSONVILLE, FL 32218

New Principal Place of Business:

6612 OLD KINGS RD., N.
JACKSONVILLE, FL 32219

Current Mailing Address:

11011 HARTS RD #1205
JACKSONVILLE, FL 32218

New Mailing Address:

11011 HARTS RD
1205
JACKSONVILLE, FL 32218

FEI Number: 59-3751497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
MIAMI BEACH, FL 33139 US

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.

SIGNATURE:

08/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: NEALY, MYRISHA
Address: 850 LEBRUN DR.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Change (X) Addition
Name: THOMPSON, NATALIE
Address: 5959 FT. CAROLINE RD., #1205
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Change (X) Addition
Name: LESTER, LINDA MRS.
Address: 850 LEBRUN DR.
City-St-Zip: JACKSONVILLE, FL 32205

Title: P () Change (X) Addition
Name: LESTER, JESSIE M MS.
Address: 11011 HARTS RD., #1205
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Change (X) Addition
Name: HARDAWAY, ALTAMESE MRS.
Address: 3203 CLYDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Change (X) Addition
Name: CHASE, PAULINE MRS.
Address: 4851 AMOS STREET
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESSIE M. LESTER

P

08/28/2002

Electronic Signature of Signing Officer or Director

Date