

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006816

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** ARISE CHRISTIAN CENTER INC**Current Principal Place of Business:**6612 OLD KINGS RD., N.  
JACKSONVILLE, FL 32219**New Principal Place of Business:****Current Mailing Address:**11011 HARTS RD  
1205  
JACKSONVILLE, FL 32218**New Mailing Address:****FEI Number:** 59-3751497**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: WARREN, JESSE  
Address: 813 W. 29TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

Title: VP ( ) Delete  
Name: WARREN, MIZPAH MRS.  
Address: 813 W. 29TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete  
Name: WILLIS, LAKESHA MS.  
Address: 3875 SAN PABLO RD. SOUTH, # 1102  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAKSHA WILLIS

S

05/01/2004

Electronic Signature of Signing Officer or Director

Date