



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 006 ****70.00

DOCUMENT # N02000005128 1. Entity Name ARISE AND SHINE GLORY MINISTRIES, INC.					
Principal Place of Business 5553 N STATE ROAD 7 FT. LAUDERDALE, FL 33319			Mailing Address P.O. BOX938429 MARGATE, FL 33093		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSEGREEN, ANSEL 1921 NW 35TH AVENUE COCONUT CREEK, FL 33066				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> Delete				
NAME	ROSEGREEN, ANSEL				
STREET ADDRESS	1921 NW 35TH AVE				
CITY-ST-ZIP	COCONUT CREEK, FL 33066				
TITLE	VP <input type="checkbox"/> Delete				
NAME	ROSEGREEN, NORMA				
STREET ADDRESS	1921 NW 35TH AVE				
CITY-ST-ZIP	COCONUT CREEK, FL 33066				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	SINCLAIR, NORMA				
STREET ADDRESS	4161 NW 26TH ST. APT. 208				
CITY-ST-ZIP	LAUDERHILL, FL 33313				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	COX, ROOSEVELT				
STREET ADDRESS	9999 SUMMERBREEZE APT 204.				
CITY-ST-ZIP	SUNRISE, FL 33322				
TITLE	O <input type="checkbox"/> Delete				
NAME	SPENCE, ALMA				
STREET ADDRESS	5901 NW 61 ST BLDG. 18 APT. 212				
CITY-ST-ZIP	TAMARAC, FL 33319				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FEARON, CLAUDIA				
STREET ADDRESS	261 IOWA AVE				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312				
TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PHILLIPS, DENZIL				
STREET ADDRESS	710 N W 75th TR				
CITY-ST-ZIP	MARGATE, FL 33063				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: ROSEGREEN, ANSEL  April 30, 2007 954-971-2152					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					