

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008844

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** WATCHMEN ARISE INTERNATIONAL, INC.

**Current Principal Place of Business:**

1923 CASCO STREET  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

1923 CASCO STREET  
LAKELAND, FL 33801 US

**New Mailing Address:**

1745 E MEMORIAL BLVD  
30  
LAKELAND, FL 33801 US

**FEI Number:** 27-1338375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, KIMBERLY  
1923 CASCO STREET  
LAKELAND, FL 33801 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:** DPT  
**Name:** JOHNSON, KIMBERLY REV  
**Address:** 1923 CASCO STREET  
**City-St-Zip:** LAKELAND, FL 33801 US

**Title:** DVP  
**Name:** MUNDY, JUDY REV  
**Address:** 2439 HOLLINGSWORTH HILL ROAD  
**City-St-Zip:** LAKELAND, FL 33803 US

**Title:** DS  
**Name:** NICELY, SHERRI REV  
**Address:** 3501 FDC GROVE ROAD  
**City-St-Zip:** DAVENPORT, FL 33837 US

**Title:** D  
**Name:** STAGMER, ANNETTE REV  
**Address:** 8415 BELLONA LANE 1013  
**City-St-Zip:** TOWSON, MD 21204 US

**Title:** D  
**Name:** STAGMER, ROBERT REV  
**Address:** 8415 BELLONA LANE 1013  
**City-St-Zip:** TOWSON, MD 21204 US

**Title:** D  
**Name:** TATE, ANNE REV  
**Address:** 1501 S LOOP 288 PMB 132  
**City-St-Zip:** DENTON, TX US

I hereby 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 all other like empowered.

**SIGNATURE:** KIMBERLY R JOHNSON

DP

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date