

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N29723

1. Corporation Name

CHRISTIANS ARISE MINISTRIES, INC.

Principal Place of Business

Mailing Address

3481 CLUBVIEW DRIVE

NORTH FORT MYERS, FL 33917

3. Date Incorporated or Qualified

DECEMBER 15, 1988

3a. Date of Last Report

DECEMBER 4, 1995

2. Principal Place of Business

2a. Mailing Address

21 3481 CLUBVIEW DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 N.F.T. MYERS, FL

28

City & State

24 Zip 33917

25 Country USA

29

Country

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30

Country

4. FEI Number

65-030-8898

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

REV. JEAN C. ABBOTT  
3481 CLUBVIEW DRIVE  
NORTH FORT MYERS, FL 33917

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

N/A

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 PRESIDENT (P) D ☐ DELETE

NAME REV. JEAN C. ABBOTT  
STREET ADDRESS 3481 CLUBVIEW DRIVE  
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE VICE-PRESIDENT (V) D ☐ DELETE

NAME REV. EDWARD JONES  
STREET ADDRESS 1032 NE VAN LOON LN  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE S/T/D ☐ DELETE

NAME JONETTE JONES  
STREET ADDRESS 1032 NE VAN LOON LN  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rev. Jean C. Abbott REV. JEAN C. ABBOTT 03/16/96 (941)-278-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)