2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N29723** 05-31-2005 90007 041 ****70.00 CHRISTIANS ARISE MINISTRIES, INC. Principal Place of Business Mailing Address 3481 CLUBVIEW DRIVE 3481 CLUBVIEW DRIVE NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 3. Mailing Address 2. Principal Place of Business 2615 NW IST STREET 2015 NW IST STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 05112005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0308898 City & State City & State Applied For CAPE CORAL CAPE CORL FL Not Applicable Country \$8.75 Additional À. 5. Certificate of Status Desired USA USA 33993 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBOTT, REV. JEAN C. Street Address (P.O. Box Number is Not Acceptable) 3481 CLUBVIEW DR. N FT. MYERS, FL 33917 CAPE Zip Code 33993 CORAL 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. 5/23/05 REV. JEAN C. ABBOIT 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 1Ò. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change Addition ABBOTT, REV. JEAN C. NAME NAME 2615 NW IST STREET STREET ADDRESS 3481 CLUBVIEW DR. STREET ADDRESS CITY-ST-ZIP NO. FT. MYERS, FL 33917 CITY-ST-ZIP CAPE CORAL, FL 33993 TITLE Delete TITLE PAUL WILLIAM MILLER 5825 TRAILWINDS DR. #415 JONES, REV. EDWARD NAME NAME STREET ADDRESS 1032 NE VAN LOON LANE STREET ADDRESS FORT MYERS FL 33 907 CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP SOTO TITLE Da Delete TOLE MERRI BETH Mc CARTY 1034 FOILE MILE COVE PARKWAY NAME JONES, JONETTE NAME STREET ADDRESS 1032 NE VAN LOON LANE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP CAPE CORAL FL 33990 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

Rev. Jan C. Cellett REV. JEAN C. ABBOTT 5/23/05 239-282-9553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date District Proce #

FILED

May 31, 2005 8:00 am