

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N29723

1. Entity Name

CHRISTIANS ARISE MINISTRIES, INC.



Principal Place of Business

2615 NW 1ST STREET
CAPE CORAL FL 33993

Mailing Address

2615 NW 1ST STREET
CAPE CORAL FL 33993



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0308898

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBOTT, REV. JEAN C.
2615 NW 1ST STREET
CAPE CORAL FL 33993

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

error Jean
Rev Jean C Abbott **REV. JEAN C. ABBOTT P.D.** **3/2/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ABBOTT, REV. JEAN C.
STREET ADDRESS 2615 NW 1ST STREET
CITY-STATE-ZIP CAPE CORAL FL 33993

TITLE VD ☐ Delete
NAME MILLER, PAUL WILLIAM
STREET ADDRESS 5825 TRAILWINDS DR, # 415
CITY-STATE-ZIP FORT MYERS FL 33907

TITLE SDTD ☐ Delete
NAME MCCARTY, MERRI BETH
STREET ADDRESS 1634 FOILR MILE COVE PARKWAY
CITY-STATE-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000857396
03/14/07-80066-004 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rev Jean C Abbott **P.D.**

3/2/07

239-282-9553