

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004117**

1. Entity Name

ARISE MINISTRIES, INC.

Principal Place of Business

**515 STRAIGHT STREET
SEBRING FL 33872-9664**

Mailing Address

**P.O. BOX 4522
SEBRING FL 33871-4522**

2. Principal Place of Business

**6432 Hwy. 27 South
Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sebring, Fl.

City & State

Zip

33876

Country

USA Fed

Zip

Country

4. FEI Number

65-0695405

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, STACEY ALLEN
515 STRAIGHT STREET
SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name

WILLIAMS, STACEY ALLEN

Street Address (P.O. Box Number is Not Acceptable)

515 STRAIGHT STREET

City

SEBRING**FL**

Zip Code

33875-9664

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.

SIGNATURE **STACEY ALLEN WILLIAMS**

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**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, STACEY ALLEN 515 STRAIGHT STREET SEBRING FL 33872-9664 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, DONNA JOY 515 STRAIGHT STREET SEBRING FL 33872-9664 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULING, SHIRLEY 312 2ND AVE. LAKE PLACID FL 33852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, STACEY ALLEN 515 STRAIGHT ST. SEBRING, FL. 33875-9664 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, DONNA JOY 515 STRAIGHT ST. SEBRING, FL 33875-9664 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **STACEY ALLEN WILLIAMS** *Stacey Allen Williams* 3-16-01 863-655-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90060 031 *****70.00

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DO NOT WRITE IN THIS SPACE

0067342

CR2E037 (10/00)