

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004117

1. Entity Name

ARISE MINISTRIES, INC.

Principal Place of Business

6432 HWY 27 SOUTH  
SEBRING FL 33876  
US

Mailing Address

P.O. BOX 4522  
SEBRING FL 33871-4522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 33875-9664

7. Name and Address of New Registered Agent

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.

SIGNATURE

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	PD WILLIAMS, STACEY ALLEN	<input type="checkbox"/> Delete
STREET ADDRESS	515 STRAIGHT STREET	
CITY-ST-ZIP	SEBRING FL 33875-9664	
TITLE NAME	STD WILLIAMS, DONNA JOY	<input type="checkbox"/> Delete
STREET ADDRESS	515 STRAIGHT STREET	
CITY-ST-ZIP	SEBRING FL 33875-9664	
TITLE NAME	D SPAULING, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS	312 2ND AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

STACEY ALLEN WILLIAMS Stacey Allen Williams 4/12/02 863-655-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90362 003 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)