



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90038 005 \*\*\*\*70.00

<b>DOCUMENT # N97000004117</b> 1. Entity Name <b>ARISE MINISTRIES, INC.</b>						
Principal Place of Business <b>6432 HWY 27 SOUTH SEBRING, FL 33876 US</b>			Mailing Address <b>P.O. BOX 4522 SEBRING, FL 33871-4522</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>65-0695405</b>		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WILLIAMS, STACEY ALLEN 515 STRAIGHT STREET SEBRING, FL 33875-9664</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, STACEY ALLEN <input type="checkbox"/> Delete 515 STRAIGHT STREET SEBRING, FL 338759664			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carrie Baer <input type="checkbox"/> Change <input type="checkbox"/> Addition 3380 Green Acre Way Sebring, Fl. 33870	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, DONNA JOY <input type="checkbox"/> Delete 515 STRAIGHT STREET SEBRING, FL 338759664			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULING, SHIRLEY <input checked="" type="checkbox"/> Delete 312 2ND AVE. LAKE PLACID, FL 33852			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, LOREN E <input type="checkbox"/> Delete 117 LAKE FRANCIS DR LAKE PLACID, FL 33852			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"/> Delete			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"/> Delete			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.						
<b>SIGNATURE: Donna Joy Williams Donna Joy Williams</b>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/9/04</b> Daytime Phone # <b>863-655-2722</b>		