

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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**



04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, STACEY ALLEN
STREET ADDRESS 515 STRAIGHT STREET
CITY - ST - ZIP SEBRING, FL 338759664

TITLE STD
NAME WILLIAMS, DONNA JOY
STREET ADDRESS 515 STRAIGHT STREET
CITY - ST - ZIP SEBRING, FL 338759664

TITLE D
NAME BAER, CARRIE
STREET ADDRESS 3380 GREEN ACRE WAY
CITY - ST - ZIP SEBRING, FL 33870

TITLE D
NAME MERCER, LOREN E
STREET ADDRESS 117 LAKE FRANCIS DR
CITY - ST - ZIP LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000299181
04/11/05-80098-008 70.00

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IN THIS SPACE**

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: Donna Joy Williams **DONNA JOY WILLIAMS** 4/8/05 863-655-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #