## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004117

Entity Name: ARISE MINISTRIES, INC.

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4500 KENILWORTH BLVD. SUITE 102 SEBRING, FL 33870 **New Mailing Address: Current Mailing Address:** P.O. BOX 4522 SEBRING, FL 338714522 FEI Number: 65-0695405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, STACEY ALLEN 515 STRAÍGHT STREET SEBRING, FL 338759664 US 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:

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Change () Addition () Delete WILLIAMS, STACEY ALLEN Name: Name: Address: 515 STRAIGHT STREET Address: City-St-Zip: SEBRING, FL 338759664 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition Name: BAER, CARRIE Name: Address: 3380 GREEN ACRE WAY Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: VD () Delete Title: () Change () Addition MERCER, LOREN E Name: Name: 117 LAKE FRANCIS DR Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip:

Electronic Signature of Registered Agent

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY ALLEN WILLIAMS PRES 04/13/2009