

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90050 039 \*\*\*\*61.25

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| <b>DOCUMENT # P29888</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                           |                                                                                                                                                                              |  |  |
| <b>1. Entity Name</b><br>ARISE FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>Principal Place of Business</b><br>8725 NW 18TH TERRACE<br>STE 303<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                           | <b>Mailing Address</b><br>8725 NW 18TH TERRACE<br>STE 303<br>MIAMI, FL 33172                                                                                                 |                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                                           | <b>3. Mailing Address</b>                                                                                                                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                           | Suite, Apt. #, etc.                                                                                                                                                          |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                           | City & State                                                                                                                                                                 |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | Country                                                                                   |                                                                                                                                                                              | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                           |                                                                                                                                                                              | Country                                                                           |  |
| <b>4. FEI Number</b><br>59-2744449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                           |                                                                                                                                                                              | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                           |                                                                                                                                                                              | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BENSON, EDMUND<br>243 HONEYSUCKLE DR<br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                           | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | <b>9. Election Campaign Financing</b><br>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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PTD <input type="checkbox"/> Delete                                            |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BENSON, EDMUND                                                                 |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 243 HONEYSUCKLE DR                                                             |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JUPITER, FL 334582843                                                          |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VSD <input type="checkbox"/> Delete                                            |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BENSON, EDMUND                                                                 |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 243 HONEYSUCKLE DR                                                             |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JUPITER, FL 334582843                                                          |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete                                              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ZEEGERS, BERT                                                                  |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1102 BETTON ROAD                                                               |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TALLAHASSEE, FL 33458                                                          |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete                                              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GREEN, MELVIA B JUDGE                                                          |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2001 SW 117 AVE                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MIAMI, FL 33175                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete                                              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STEINBERG, IRA                                                                 |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 26 FIELDSTONE DRIVE #1A                                                        |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HARTSDALE, NY 10530                                                            |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Moreiras, Anamarie                                                             |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6510 Riviera Drive                                                             |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Coral Gables, FL 33146                                                         |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Benson, Jane                                                                   |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 108 Creeks Edge                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Chapel Hill, NC 27516                                                          |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>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 lines empowered.</b> |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |
| 3/14/05 305-574-7473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |                                                                                           |                                                                                                                                                                              |                                                                                   |  |