

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90023 020 \*\*\*\*61.25

**DOCUMENT # P29888**

1. Entity Name  
**ARISE FOUNDATION, INC.**



Principal Place of Business  
**824 US HIGHWAY 1  
SUITE 240  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**P O BOX 2147  
JUPITER, FL 33468**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**824 US HIGHWAY 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 240**

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State  
**NORTH PALM BEACH, FL**

4. FEI Number  
**59-2744449**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33408\***

**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENSON, EDMUND  
243 HONEYSUCKLE DR  
JUPITER, FL 33458**

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. 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
BENSON, EDMUND  
243 HONEYSUCKLE DR  
JUPITER, FL 334582843** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ISAACS, YASMIN  
1400 VIA ROYALE, JUPITER, FL** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
BENSON, EDMUND  
243 HONEYSUCKLE DR  
JUPITER, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZEEGERS, BERT  
1102 BETTON ROAD  
TALLAHASSEE, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GASANA, JANVIER  
7642 N W 19 ST  
PEMBROKE PINES, FL 33024** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEINBERG, IRA  
90 LEIF DRIVE  
CONGERS, NY 10920** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENSON, JANE  
108 CREEKS EDGE  
CHAPEL HILL, NC 27516** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/08 561-630-2021**