

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739574

**Entity Name:** ARISE CHURCH DELAND, INC.**Current Principal Place of Business:**1525 S. STATE ROAD 15-A  
DELAND, FL 32720-2938**Current Mailing Address:**1525 S. STATE ROAD 15-A  
DELAND, FL 32720 US**FEI Number: 59-1417604****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ASHLEY, ANTIONE  
1525 S. STATE ROAD 15-A  
DELAND, FL 32720 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:** ANTIONE ASHLEY

01/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RUSSO, ANN  
Address 419 N VIRGINIA AVE  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name ASHLEY, ANTIONE  
Address 1978 GAUDREY ST.  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name CAREY, TOM  
Address 1760 SALVADORE ST.  
City-State-Zip: DELAND FL 32720

Title OFFICER  
Name CALDERON, JONEL  
Address PO BOX 530362  
City-State-Zip: DEBARY FL 32753

Title DIRECTOR  
Name MCNAMARA, JOHN  
Address 416 FREESIA CT.  
City-State-Zip: DELAND FL 32724

Title DIRECTOR  
Name REESE, SUSAN  
Address 749 W. HOWRY AVE.  
City-State-Zip: DELAND FL 32720

Title DIRECTOR  
Name BAXTER, JAYNE  
Address 3205 KINGS RIDGE TERR.  
City-State-Zip: DELTONA FL 32725

*I hereby 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 all other like empowered.*

**SIGNATURE:** JONEL CALDERON**DIRECTOR**

01/14/2025

Electronic Signature of Signing Officer/Director Detail

Date