

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 047 \*\*\*\*70.00

DOCUMENT # N02000003283

1. Entity Name  
 MCCULLOUGH'S UPLIFT INTERDENOMINATIONAL  
 MINISTRY, INCORPORATED



Principal Place of Business  
 1450 PALMDALE STREET  
 JACKSONVILLE, FL 32208

Mailing Address  
 1450 PALMDALE STREET  
 JACKSONVILLE, FL 32208

54062554



**DO NOT WRITE IN THIS SPACE**

07122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3704284 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MCCULLOUGH, WILLIE CHARLES  
 1336 GRUNTHAL STREET  
 JACKSONVILLE, FL 32209

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCCULLOUGH, WILLIE CHARLES
STREET ADDRESS	1336 GRUNTHAL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	PD
NAME	COOPER, BILLY CHARLES
STREET ADDRESS	5159 ARCHERY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	STD
NAME	BELL-DAVIS, PHYLLIS
STREET ADDRESS	2835 FORBES STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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)(l), 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: *Willie Charles McCullough* Willie Charles McCullough, July 7, 2004, (904) \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 710 8883