

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

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**



05152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MCCULLOUGH, WILLIE CHARLES
1336 GRUNTHAL STREET
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BELL-DAVIS, PHYLLIS
2835 FORBES STREET
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Willie Charles McCullough

Willie Charles McCullough

05/15/07

904-764-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #