

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003679 (8)

1. Corporation Name

WAKE UP MINISTRIES, INC.

Principal Place of Business

500 N. MAIN ST.  
SUITE 105, THE STRAND BLDG.  
PITTSBURGH PA 15215

Mailing Address

500 N. MAIN ST.  
SUITE 105, THE STRAND BLDG.  
PITTSBURGH PA 15215

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0432009

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPTD ☐ DELETE

NAME ROSE, CATHY  
STREET ADDRESS 4781 N CONGRESS AVE, #247  
CITY-ST-ZIP LANTANA FL

TITLE PD ☒ DELETE

NAME PRICE, BILLY  
STREET ADDRESS 4781 N CONGRESS AVE, #247  
CITY-ST-ZIP LANTANA FL

TITLE VPD ☐ DELETE

NAME RAYBURN, LEONARD DALLAS  
STREET ADDRESS 1351 SANDER FERRY DR  
CITY-ST-ZIP DECATUR GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Treasurer, Director ☒ Change ☐ Addition

1.2 NAME ROSE, CATHY

1.3 STREET ADDRESS 4203 SPOFFORD AVENUE

1.4 CITY-ST-ZIP WEST PALM BEACH FLORIDA 33409

2.1 TITLE Mel Cohen, Vice President ☒ Change ☐ Addition

2.2 NAME 4203 Spofford Avenue

2.3 STREET ADDRESS West Palm Beach, Florida 33409

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CASH REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 (56) 582-9520  
Date Daytime Phone #

FILED  
96 OCT 22 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE



FILED as A/R Reinstatement fee waived  
mwb 10-22-96

CR2E037 (3/96)