

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 05 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N9300003679**
 1. Corporation Name
 Wake-Up Ministries, Inc.

Principal Place of Business Mailing Address
 10280 Camelback Lane 10280 Camelback Lane
 Boca Raton, Florida 33498 Boca Raton, FL 33498

2. Principal Place of Business 2a. Mailing Address
 21 See Above 26 See Above
 22 Suite, Apt., #, etc. 10280 Camelback Lane
 23 City & State Boca Raton, Florida 27 Boca Raton, Florida
 24 Zip 33498 25 Country Palm Beach 29 Zip 33498 30 Country Palm Beach

3. Date incorporated or Qualified August 12, 1993
 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 Steven Lubetsky, Esq.
 10280 Camelback Lane
 Boca Raton, Florida 33498

10. Name and Address of New Registered Agent
 81 Name Steven Lubetsky, Esq.
 82 Street Address (P.O. Box Number is Not Acceptable) 10280 Camelback Lane
 83
 84 City Boca Raton FL 85 Zip Code 33498

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 *Steven Lubetsky* DATE 9/27/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Mel Cohen	<input type="checkbox"/> DELETE
NAME	President/Treasurer, Director	
STREET ADDRESS	3855-A Village Drive	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Cathy T. Rose Cohen	<input type="checkbox"/> DELETE
NAME	Vice-Pres, Secretary, Director	
STREET ADDRESS	3855-A Village Drive	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Leonard Rayhorn	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	3855-A Village Drive	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	Walid Phares, Ph.D.	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	3855-A Village Drive	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mel Cohen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President/Treasurer, Director	
1.3 STREET ADDRESS	3855-A Village Drive	
1.4 CITY-ST-ZIP	Delray Beach, FL 33445	
2.1 TITLE	Cathy S. Rose Cohen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice-Pres, Secretary, Director	
2.3 STREET ADDRESS	3855-A Village Drive	
2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
3.1 TITLE	Leonard Rayhorn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director	
3.3 STREET ADDRESS	3855-A Village Drive	
3.4 CITY-ST-ZIP	Delray Beach, FL 33445	
4.1 TITLE	Dr. Walid Phares, Ph.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director	
4.3 STREET ADDRESS	3855-A Village Drive	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	200002656482	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-10/06/98--01020--044	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine S. Rose Cohen DATE: 9/27/98 (561)637-4452

CR2E037 (5/98)