FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT #	N93000003679
1 Compretion Name	

WAKE UP MINISTRIES, INC.

Jan 26, 1999 8:00 am § Secretary of State

01-26-1999 90058 049 ****61.25

Principal Place	of Business	Mailing Address				
Principal Place of Business Mailing Address 10280 CAMELBACK LANE 10280 CAMELBACK LANE				E 1804HAN DEN ENDER HELD BEHER SONE HALFT CAFE	NI Brigg (rice b uski (brig 1814 iel i	
BOCA RATON FL 33498 BOCA RATON FL 33498						
					A LOBINIAN MEN LARON DINIS DANN BANN BANN DAN	II doigh eilea diùth iadha i a it iadh
					2 Data Lawrence de Original	
	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 08/12/1993	
21		26			4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0432009	Not Applicable
22		City & State		4	00 0402000	\$8.75 Additional
City & State	₽	28 28			5. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Count	У	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30		Trust Fund Contribution	Added to Fees
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
	 -		8	1 Name		
LUBETSK	y, steven esq		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
10280 CA	MELBACK LANE		_			
BOCA RA	BOCA RATON FL 33448			3		
			8	4 City		85 Zip Code
		00 and 617 4500 Florida Chab.	tee the abo	un nomed com	poration submits this statement for the purpose	
l office or n	egistered agent, or both, in the State	e of Florida. Such change was a	authonzed b	y the corporation	on's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statute	is.	, · · · · · · · · · · · · · · · · · · ·	. ***, * 14., 3.13511
SIGNATURE		100 V 100 V	F. Distance 4.	ent signature require	vi when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ant signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	DELETE	1,1 TITLE			Change Addition
NAME	COHEN, MEL		1.2 NAME		·	
STREET ADDRESS	3955-A VILLAGE DRIVE			ET ADDRESS	9	
	DELRAY BEACH FL 33445		1.4 CITY-	1		
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	COHEN. CATHY	-	2.2 NAME			
STREET ADDRESS	3955-A VILLAGE DRIVE		- 6	ET ADDRESS		
	DELRAY BEACH FL 33445		2. 4 CITY			
CITY-ST-ZIP	D DEBUT BENOTITE GOTTO	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	RAYBORN, LEONARD	<u> </u>	3.2 NAM			
1	3955-A VILLAGE DRIVE			ET ADORESS		
STREET ADDRESS	DELRAY BEACH FL 33445		3.4. CITY	.		
CITY-ST-ZIP	DELINAT DEACH FL 33443	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
TITLE	DHYDES MYID		4.1 11111			

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

3955-A VILLAGE DRIVE

DELRAY BEACH FL 33445

□ DELETE

DELETE

☐ Change

Addition

Addition