

FILE NOW: FILING FEE IS \$61.25 *Amended*

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000003679*

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

21	2. Principal Place of Business <i>See Above</i>	2a. Mailing Address <i>See Above</i>	3. Date Incorporated or Qualified <i>August 17, 1993</i>
22	Suite, Apt. #, etc. <i>10280 Camelback Lane</i>	Suite, Apt. #, etc. <i>10280 Camelback Lane</i>	4. FEI Number <i>65-0932009</i>
23	City & State <i>Boca Raton, Florida</i>	City & State <i>Boca Raton, Florida</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip <i>33498</i>	Country <i>Palm Beach</i>	29 <i>33498</i> 30 <i>Palm Beach</i>
25 <i>Palm Beach</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <i>Steven Lubetsky, Esq.</i> <i>10280 Camelback Lane</i> <i>Boca Raton, Florida 33498</i>		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 LS	
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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 *10/17/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mel Cohen</i> <i>President, Treasurer, Director</i> <i>1223 S. Broadway</i> <i>Lutzana, Florida 33462</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>Mel Cohen</i> <i>President, Treasurer, Director</i> <i>1223 S. Broadway</i> <i>Lutzana, FL 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Cathy J. Rose Cohen</i> <i>Vice-Pres., Secretary, Director</i> <i>1223 S. Broadway</i> <i>Lutzana, Florida 33462</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>Cathy J. Rose Cohen</i> <i>Vice-Pres., Secretary, Director</i> <i>1223 S. Broadway</i> <i>Lutzana, FL 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Leonard Parkhurst</i> <i>Director</i> <i>5620 Cardigan Trace</i> <i>Sugar Hill GA 30518</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<i>Leonard Parkhurst</i> <i>Director</i> <i>5620 Cardigan Trace</i> <i>Sugar Hill GA 30518</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dr. Walid Phares, Ph.D.</i> <i>Director</i> <i>Florida Atlantic University</i> <i>College of Arts & Sciences</i> <i>Political Science Dept.</i> <i>997 Glades Road</i> <i>Boca Raton, Florida 33431-6424</i>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<i>Dr. Walid Phares, Ph.D.</i> <i>Director</i> <i>Florida Atlantic University</i> <i>College of Arts & Sciences</i> <i>Political Science Dept.</i> <i>997 Glades Road</i> <i>Boca Raton, Florida 33431-6424</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: *Cathy J. Rose Cohen* DATE *10/17/99*

CR2E037 (1/198)