

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001302

**Entity Name:** UPLIFTING ARMS, INC.**Current Principal Place of Business:**116 LINEAGE LANE  
FLOWOOD, MS 39232**Current Mailing Address:**PO BOX 5444  
BRANDON, MS 39047 US**FEI Number:** 27-4741774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, FELICIA  
252 AMBER RIDGE RD  
JACKSONVILLE, FL 32218 US*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.***SIGNATURE:** FELICIA WALKER

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	HARRIS, DONALDO
Address	116 LINEAGE LANE
City-State-Zip:	FLOWOOD MS 39232

Title	VP
Name	HALL, DARREN
Address	11894 BRISTOW VILLAGE BLVD
City-State-Zip:	BRISTOW VA 20136

Title	ASST. T
Name	GOOCH, BRENDA
Address	215 REFLECTION LN
City-State-Zip:	HAMPTON VA 23666

Title	S
Name	MCENTYRE, ANGEL L
Address	4472 CEPEDA STREET
City-State-Zip:	ORLANDO FL 32811

Title	T
Name	WALKER, FELICIA
Address	252 AMBER RIDGE RD
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	HARRIS, NEFERTITI
Address	116 LINEAGE LANE
City-State-Zip:	FLOWOOD MS 39232

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEFERTITI HARRIS**DIRECTOR**

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date