

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001302

Entity Name: UPLIFTING ARMS, INC.**Current Principal Place of Business:**293 AUBURN OAKS RD EAST
JACKSONVILLE, FL 32218**Current Mailing Address:**PO BOX 26312
JACKSONVILLE, FL 32226**FEI Number:** 27-4741774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, NEFERTITI
293 AUBURN OAKS RD EAST
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HARRIS, DONALDO
Address	293 AUBURN OAKS RD EAST
City-State-Zip:	JACKSONVILLE FL 32218

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

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

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

Title	S
Name	JOHNSON, ANGEL
Address	PO BOX 2934
City-State-Zip:	JACKSONVILLE FL 32203

Title	FOUNDER
Name	HARRIS, NEFERTITI
Address	293 AUBURN OAKS RD EAST
City-State-Zip:	JACKSONVILLE FL 32218

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: DONALDO HARRIS**PRESIDENT****04/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date