

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90030 007 \*\*\*\*70.00

**DOCUMENT # N02000000847**

1. Entity Name

RISE UP MISSION AND OUTREACH, INC.



Principal Place of Business

748 A. PHILLIP RANDOLPH BLVD.  
JACKSONVILLE FL

Mailing Address

8208 INT'L VILLAGE DR.  
JACKSONVILLE FL 32277-0964

60011407



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-2029302

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREWER, DON  
2931 BERNICE COURT  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, TOM	
STREET ADDRESS	8208 INTERNATIONAL VILLAGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277-0964	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, LOU	
STREET ADDRESS	8208 INTERNATIONAL VILLAGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277-0964	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BREWER, BILLIE	
STREET ADDRESS	2931 BERNICE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257-0964	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, DON	
STREET ADDRESS	2931 BERNICE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257-0964	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, CHARLES	
STREET ADDRESS	888 FRANKLIN ST. APT. #581	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, ULYSESS G	
STREET ADDRESS	1144 EAST UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Tom	
STREET ADDRESS	8208 International Village Drive	
CITY-ST-ZIP	Jacksonville, FL 32277-0964	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Lou	
STREET ADDRESS	8208 International Village Drive	
CITY-ST-ZIP	Jacksonville, FL 32277-0964	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Billie	
STREET ADDRESS	2931 Bernice Ct.	
CITY-ST-ZIP	Jacksonville, FL 32257-0964	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Don	
STREET ADDRESS	2931 Bernice Ct.	
CITY-ST-ZIP	Jacksonville, FL 32257-0964	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayes, Carrie	
STREET ADDRESS	1436 Arlingwood Avenue	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Ulysess G.	
STREET ADDRESS	1144 East Union Street	
CITY-ST-ZIP	Jacksonville, FL 32202	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Billie A. Brewer* *Billie A. Brewer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-12-05* *904-288-0133*  
Date Daytime Phone #