

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90032 005 \*\*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1887 Woodleigh Dr. W.</i>			
City & State		City & State <i>Jacksonville, FL</i>			
Zip	Country	Zip <i>32211</i>	Country <i>Duval</i>	4. FEI Number 41-2029302	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BREWER, DON 2931 BERNICE COURT JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, TOM 8208 INTERNATIONAL VILLAGE DRIVE JACKSONVILLE, FL 322770964		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Tom 1887 Woodleigh Dr. W. Jacksonville, FL 32211	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LOU 8208 INTERNATIONAL VILLAGE DRIVE JACKSONVILLE, FL 322770964		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Miller, Lou 1887 Woodleigh Dr. W. Jacksonville, FL 32211	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BREWER, BILLIE 2931 BERNICE COURT JACKSONVILLE, FL 322570964		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, DON 2931 BERNICE COURT JACKSONVILLE, FL 322570964		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, CARRIE 1436 ARLINGWOOD AVENUE JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, ULYSESS G 1144 EAST UNION STREET JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Billie A. Brewer</i> <i>Billie A. Brewer</i> <i>4-7-08</i> <i>904-288-0133</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					