

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 04, 2008  
Secretary of State**

DOCUMENT# N03000008416

Entity Name: MOUNT UP EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

2630 LEDGEMONT CT  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2630 LEDGEMONT CT  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 74-3105812      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DEMONIA, HENRIETTA R  
2630 LEDGEONT  
CLERMONT, FL 34711      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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DEMONIA, HENRIETTA R  
Address: 2630 LEDGMONT CT  
City-St-Zip: CLERMONT, FL 34711

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Delete  
Name: DEMONIA, WILLIE R  
Address: 2630 LEDGEMONT CT  
City-St-Zip: CLERMONT, FL 34711

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: XO      ( ) Delete  
Name: EDWARDS, ANGELIC L  
Address: 670 DOUGLAS AVE  
City-St-Zip: WINTER PARK, FL 32789

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRIETTA R DEMONIA

P

05/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date