

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003737

FILED  
May 18, 2005  
Secretary of State

Entity Name: LIFT UP YOUR EYES II,INC

## Current Principal Place of Business:

8674 HAMMOND FOREST DR  
JACKSONVILLE, FL 32221

## New Principal Place of Business:

## Current Mailing Address:

8674 HAMMOND FOREST DR  
JACKSONVILLE, FL 32221

## New Mailing Address:

FEI Number: 94-1687665      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:

ADKINSON, DERYLE  
8934 OLD PLANK RD  
JACKSONVILLE, FL 32220      US

## Name and Address of New Registered Agent:

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:

Title: D      ( ) Delete  
Name: CLOUTIER, GILBERT  
Address: 5110 E JANICE CR  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D      ( ) Delete  
Name: JOHN, FAISON  
Address: 1576 POCOMOKE RD  
City-St-Zip: FRANKLINTON, NC 27525

Title: D      ( ) Delete  
Name: CLEMENTS, EDWIN O  
Address: 179 LIONS GATE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D      (X) Delete  
Name: RAMIREZ, ABDI  
Address: 8174 DEVOE ST  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D      (X) Delete  
Name: RAMIREZ, MARISOL  
Address: 8174 DEVOE ST  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D      ( ) Delete  
Name: STARK, ROGER B  
Address: 4232 GARIBALDI AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D      (X) Change ( ) Addition  
Name: JOHN, FAISON  
Address: 4501 RYEGATE  
City-St-Zip: RALEIGH, NC 27604

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN J FAISON

D

05/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date