

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005965

1. Entity Name
UPWARD OF MAYO, INC.



Principal Place of Business
**P.O. BOX 58
MAYO, FL 32066**

Mailing Address
**P.O. BOX 58
MAYO, FL 32066**



07112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2464489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINGLETARY, JOHN D
226 NW BLOXHAM ST
MAYO, FL 32066**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SINGLETARY, JOHN D
STREET ADDRESS	P.O. BOX 58
CITY-ST-ZIP	MAYO, FL 32066
TITLE	VP
NAME	SINGLETARY, TINA
STREET ADDRESS	P.O. BOX 58
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	BARRINGTON, STEPHANIE
STREET ADDRESS	3170 NW CR 53
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	BARRINGTON, LACRETIA
STREET ADDRESS	606 SW FREEDOM ROAD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	SUNNY, WIMBERLEY
STREET ADDRESS	10268 W US 27
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	TEMPLIN, KAY
STREET ADDRESS	7349 NW CR 53
CITY-ST-ZIP	MAYO, FL 32066

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07/23/07-80001-015 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Singletary
John D. Singletary

7-20-07

Date

386-244-1929

Daytime Phone #