

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

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 007 ***150.00

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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**

40113363



DO NOT WRITE IN THIS SPACE

05272008 No Chg-NP CR2E037 (4/06)

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SINGLETARY, JOHN D
P.O. BOX 58
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SINGLETARY, TINA
P.O. BOX 58
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRINGTON, STEPHANIE
3170 NW CR 53
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRINGTON, LACRETIA
606 SW FREEDOM ROAD
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUNNY, WIMBERLEY
10268 W US 27
MAYO, FL 32066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TEMPLIN, KAY
7349 NW CR 53
MAYO, FL 32066**

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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

Date

Daytime Phone #

Tina B. Singletary **8/28/08**