

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010378

FILED
Jan 19, 2009
Secretary of State

Entity Name: UPLIFT EXCELLENCE FOUNDATION, INC.

Current Principal Place of Business:

1936 BRUCE B DOWNS BLVD
#105
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

26942 PALMETTO BEND DR
WESLEY CHAPEL, FL 33544

New Mailing Address:

8304 OLD TOWN DR.
TAMPA, FL 33647

FEI Number: 26-3683771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TIM
26942 PALMETTO BEND DR
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

WATSON, TIM
8304 OLD TOWN DR.
TAMPA, FL 33647 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: TIM WATSON

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, TIM
Address: 26942 PALMETTO BEND DR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: HENDERSON, ARLO
Address: 12007 SAN CHALIFORD CT
City-St-Zip: TAMPA, FL 33626

Title: D () Delete
Name: RIOS, STEPHANIE
Address: 5243 TUMMEL CT
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WATSON, TIM
Address: 8304 OLD TOWN DR.
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: HENDERSON, ARLO
Address: 12007 SAN CHALIFORD CT
City-St-Zip: TAMPA, FL 33626

Title: VP (X) Change () Addition
Name: RIOS, STEPHANIE
Address: 5243 TUMMEL CT
City-St-Zip: WESLEY CHAPEL, FL 33544

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: TIM WATSON

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date