

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 23 PM 1:07

DOCUMENT # N51414

(3)

1. Corporation Name

RISE UP SANFORD, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 702  
SANFORD FL 32772

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SANFORD FL 32772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3140955

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRALL, JEFFREY B.  
1770 WEST AIRPORT BLVD.  
SANFORD FL 32771

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
KRALL, JEFFREY B.  
151 E. 24TH STREET  
SANFORD FL

1.1 TITLE

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
KEERS, JOHN  
729 GALLOWAY DRIVE  
WINTER SPRINGS FL

2.1 TITLE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
ADAMS, CLARK  
930 N. UNION CIRCLE  
DELTONA FL

3.1 TITLE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
JUNE, ELIJAH  
301 HOLLY AVENUE  
SANFORD FL

4.1 TITLE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change Addition

TITLE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(47) 322-9222

Exhibit 1/2/3/4