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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N51414 (3)
1. Corporation Name

RISE UP SANFORD, INCORPORATED



Principal Place of Business

Mailing Address

P.O. BOX 702
SANFORD FL 32772

P.O. BOX 702
SANFORD FL 32772

3. Date Incorporated or Qualified

10/22/1992

4. FEI Number

59-3140955

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 617.0502 and 617.1008, 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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE VD
NAME CLARK, ADAMS
STREET ADDRESS 830 N UNION CR.
CITY-ST-ZIP DELTONA FL ☒ DELETE

TITLE D
NAME MIKE, THELMA N
STREET ADDRESS 1710 W 15TH ST
CITY-ST-ZIP SANFORD FL ☒ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD Tom Cason - President ☐ Change ☒ Addition
1.2 NAME 108 LAKE MINNIE DR.
1.3 STREET ADDRESS SANFORD, FL 32773
1.4 CITY-ST-ZIP

2.1 TITLE VD Jeffrey B. Krall - Vice President ☒ Change ☐ Addition
2.2 NAME 107 Ramblewood Dr
2.3 STREET ADDRESS Sanford, FL 32773
2.4 CITY-ST-ZIP

3.1 TITLE TD Chris Gubberly - Secretary ☐ Change ☒ Addition
3.2 NAME 22415 Indianwood Way
3.3 STREET ADDRESS EUSTIS, FL 32736
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)