FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003535 (2)

MISSION - UPLIFT FOR LIFE MINISTRIES, INC.

Principal Place of Business 1305 N. MYRTLE AVE. JACKSONVILLE FL 32209			Mailing Address 1305 N. MYRTLE AVE. JACKSONVILLE FL 32209				3. Date Incorporated or Qualified 08/05/1993	
2. Principal Place of Business 21			2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional Fee Regulred	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?	
23		28		_,			☐ Yes ☐ No	
Zip	Country 25	29	Zip	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24]	9. Name and Address of Curre		stered Agent	30	-		10. Name and Address of New Registered Agent	
					81	Name		
LICDONA	IAN, MADGAREE					i		
3744 BUFFALO LANDING CT.			62 Street			Street	Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32257					83			
0,101,00	TOTAL TE OCCUPA				84	City	■■ 85 Zip Code	
					1	_	FL "	
office or r agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Flor gations o	da. Such change was of, Section 617.0503, F	s authori Florida S	zed by statutes	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered a					nt signature	e required when reinstating) DATE	
12.	OFFICERS AI	ND DIRE			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NEDDINAN MADOADEE		☐ DELETE		1 TITLE		Change Addition	
NAME	MERRIMAN, MADGAREE				2 NAME	i		
STREET ADDRESS	3744 BUFFALO LANDING C	1.				ADDRESS	1	
CITY-ST-ZIP	JACKSONVILLE FL 32257 DT		DELETE		4 CITY - S	T-ZIP	Change Addition	
TITLE			☐ DELEGE		1 TITLE		Ti givinge Ti voodio	
NAME	MERRIMAN, JAMES	т			2 NAME			
STREET ADDRESS	3744 BUFFALO LANDING C JACKSONVILLE FL 32257	1.				address		
CITY-ST-ZIP	DS	· - -	DELĒTE		4 City-5	iT - ZIP	Change Addition	
TITLE	WHITE, DENISE M		[] DECEIE		1 TITLE			
NAME	3744 BUFFALO LANDING C	т		1	2 NAME			
STREET ADDRESS	JACKSONVILLE FL 32257	1.				ADDRESS		
CITY-ST-ZIP	D D D		DELETE		4. CITY - ! 1 TITLE	il-ZIP	Change Additio	
NAME	MERRIMAN, MADGE				2 NAME	ļ	L_J Change L_J Additio	
	C/O 1305 N. MYRTLE AVE.					4000000		
STREET ADDRESS	JACKSONVILLE FL 32209					ADDRESS		
CITY-ST-ZIP TITLE	DACKSOTTVILLE I L SEES		DELETE		4 CITY-S 1 TITLE	1-ZIP	Change Addition	
NAME					2 NAME	l	, Johnson	
STREET ADDRESS						address		
CITY-ST-ZIP TITLE			DELETE		4 CITY-S 1 TITLE	1-41	Change Additio	
NAME			occut		2 NAME		L Onongo L Additio	
						ADDRESS		
STREET ADDRESS				1		ADORESS		
CITY-ST-ZIP				- ` ■ 6.4	4 CITY-S	1-ZIP !		

14. Thereby certify that the information supplied with this filling 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 for 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 controlland or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my same appears in Block 12 or Block 13 if chapted or on an attachment with an address.