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NONPROFIT CORPORATION ANNUAL REPORT ~~1999~~ 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90048 031 ****61.25

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Corporation Name
MISSION - UPLIFT FOR LIFE MINISTRIES, INC.

Choose 000C0678

[redacted]

Principal Place of Business
1305 N. MYRTLE AVE
JACKSONVILLE FL 32209

Mailing Address
1305 N MYRTLE AVE
JACKSONVILLE FL 32209

Principal Place of Business	2a. Mailing Address	3 Date Incorporated or Qualified: 08/05/1993
Suite, Apt. #, etc	Suite, Apt #, etc.	4 FEI Number: 59-3179584
City & State	City & State	5. Certificate of Status Desired ☐ $8.75
Zip / Country	Zip / Country	6 Election Campaign Financing Trust Fund Contribution ☐ $5

9. Name and Address of Current Registered Agent

MERRIMAN, MADGAREE
3744 BUFFALO LANDING CT.
JACKSONVILLE FL 32257

10 Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL

Pursuant to the provisions of Sections 617.0502 and 617.1507, 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 and accept the obligations of Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MERRIMAN, MADGAREE	
STREET ADDRESS	3744 BUFFALO LANDING CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DT	☐ DELETE
NAME	MERRIMAN, JAMES	
STREET ADDRESS	3744 BUFFALO LANDING CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DS	☐ DELETE
NAME	WHITE, DENISE M	
STREET ADDRESS	3744 BUFFALO LANDING CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	P	☐ DELETE
NAME	MERRIMAN, MADGE	
STREET ADDRESS	C/O 1305 N. MYRTLE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	
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, with all other like empowered.

SIGNATURE: Madgaree Merriman Madge Merriman 5/25/00 (904) 354-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #