

2001

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 23, 2001 8:00 am  
Secretary of State  
05-23-2001 91178 041 \*\*\*\*61.25

DOCUMENT # N9300003535  
1. Entity Name MISSION-UNIFT FOR LIFE MINISTRIES, INC.

Principal Place of Business 1305 N. Smyrtle Ave. JACKSONVILLE, FL 32209  
Mailing Address 1305 N. Smyrtle Ave. JACKSONVILLE, FL 32209

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number 59-3179584  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Madgarie MERRIMAN  
3744 Buffalo Landing Ct.  
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

|       |                    |                          |                        |                                 |
|-------|--------------------|--------------------------|------------------------|---------------------------------|
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       | MERRIMAN, Madgarie | 3744 Buffalo Landing Ct. | JACKSONVILLE, FL 32257 |                                 |
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       | MERRIMAN, James    | 3744 Buffalo Landing Ct. | JACKSONVILLE, FL 32257 |                                 |
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       | WHITE, DENISE M.   | 3744 Buffalo Landing Ct. | JACKSONVILLE, FL 32257 |                                 |
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       | MERRIMAN, Madge    |                          |                        |                                 |
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       |                    |                          |                        |                                 |
| TITLE | NAME               | STREET ADDRESS           | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|       |                    |                          |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|       |      |   |
|-------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |   |
|       |      |   |
|       |      |   |
|       |      |   |
|       |      |   |
|       |      |   |
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|       |      |   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Madge Merriman 04/27/01 260-2569

CR2E037 (9/99)