

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N93000003535*

1. Entity Name

Mission-UPLIFT For Life Ministries, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1305 + 1618 N. Myrtle Ave.

Suite, Apt. #, etc.

3. Mailing Address

3744 Buffalo Landing Ct.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville FL

Zip

32209

Country

U.S.A.

Zip

32257

Country

U.S.A.

4. FEI Number

59-3179584

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Madge Merriman

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

3744 Buffalo Landing Ct.

City

Jacksonville

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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	<i>PRESIDENT Madge Merriman 3744 Buffalo Landing Ct. Jacksonville, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER James Merriman 3744 Buffalo Landing Ct. Jacksonville, FL 32257</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY Denise M. White 3744 Buffalo Landing Ct. Jacksonville, FL 32257</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Madge Merriman* *Madge Merriman* *05/10/02* *(904) 260-2569*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-29-2002 93628 001 *****8.75

05-29-2002 93628 002 *****61.25

37259

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CR2E037B (12/01)