2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N93000003535

Entity Name: MISSION - UPLIFT FOR LIFE MINISTRIES, INC.

Current Principal Place of Business:

1305 N. MYRTLE AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

3744 BUFFALO LANDING CT.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3179584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRIMAN, MADGAREE
3744 BUFFALO LANDING CT.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MERRIMAN, MADGAREE
Address: 3744 BUFFALO LANDING CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT ( ) Delete
Name: MERRIMAN, JAMES
Address: 3744 BUFFALO LANDING CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS ( ) Delete
Name: WHITE, DENISE M
Address: 3744 BUFFALO LANDING CT.
City-St-Zip: JACKSONVILLE, FL 32257

Title: P ( ) Delete
Name: MERRIMAN, MADGE
Address: C/O 1305 N. MYRTLE AVE.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADGE MERRIMAN P 04/30/2004

Electronic Signature of Signing Officer or Director — Date