

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90024 013 ****61.25

005/120

DOCUMENT # N94000004364

1. Corporation Name

WAKE UP EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

5641 MEADOW GLEN ROAD
LAKELAND FL 33809

Mailing Address

5641 MEADOW GLEN ROAD
LAKELAND FL 33809



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

59-3265701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEWBERRY, RANDALL L
5641 MEADOW GLEN ROAD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NEWBERRY, RANDALL L
STREET ADDRESS 5641 MEADOW GLEN ROAD
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE D
NAME WEIAND, DONALD
STREET ADDRESS 950 FOX LAKE DR.
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE D
NAME CAPPS, PATRICIA G
STREET ADDRESS 11124 ROCKRIDGE ROAD
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE T
NAME WEIAND, GAIL
STREET ADDRESS 950 FOX LAKE DR.
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE T
NAME LAWHORN, BRENDA S
STREET ADDRESS 11120 ROCKRIDGE RD.
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

TITLE T
NAME NEWBERRY, LINDA J
STREET ADDRESS 5641 MEADOW GLEN RD.
CITY-ST-ZIP LAKELAND FL 33809

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 941-859-3939

CR2E037 (11/98)