

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004364

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3265701**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWBERRY, RANDALL L
5641 MEADOW GLEN ROAD
LAKELAND FL 33809

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.

(NOTE: 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

D
NEWBERRY, RANDALL L
5641 MEADOW GLEN ROAD
LAKELAND FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CAPPS, PATRICIA G
11124 ROCKRIDGE ROAD
LAKELAND FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LAWHORN, BRENDA S
11120 ROCKRIDGE RD.
LAKELAND FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
NEWBERRY, LINDA J
5641 MEADOW GLEN RD.
LAKELAND FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Randall L. Newberry* 3-24-02 865-859-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0001639