

FILED
May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006599			
1. Corporation Name UPLIFT MINISTRIES, INC.			
Principal Place of Business P.O. BOX 617547 ORLANDO FL 32861		Mailing Address P.O. BOX 617547 ORLANDO FL 32861	
2. Principal Place of Business 21 750 S. Orange Blossom Suite, Apt. #, etc. 22 Suite 220 City & State 23 Orlando Orange Zip 24 32805 Country 25 USA		2a. Mailing Address 26 750 S. Orange Blossom Suite, Apt. #, etc. 27 Suite 220 City & State 28 Orlando Orange Zip 29 32805 Country 30 USA	
3. Date Incorporated or Qualified 11/19/1998		4. FEI Number 59-3445167	
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 MACK, LEROY H REV. 5624 ARUNDEL DR. ORLANDO FL 32816		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME Robert Adams STREET ADDRESS 2056 Hollywood Dr. CITY-ST-ZIP Tallahassee, FL 32303 TITLE D ☐ DELETE NAME Leroy Mack STREET ADDRESS P.O. Box 617547 CITY-ST-ZIP Orlando, FL 32861 TITLE D ☐ DELETE NAME Randy Wynn STREET ADDRESS 7127 N. 50th St CITY-ST-ZIP Tampa, FL 33617 TITLE D ☐ DELETE NAME Henry Pearson STREET ADDRESS 4614 Fern Pine Dr. CITY-ST-ZIP Orlando, FL TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE D ☒ Change ☐ Addition 1.2 NAME Clyde Mitchell 1.3 STREET ADDRESS 7127 N. 50th 1.4 CITY-ST-ZIP Tampa, FL 33617 2.1 TITLE D ☒ Change ☒ Addition 2.2 NAME Dennis Garrow 2.3 STREET ADDRESS 5624 Arundel Dr. 2.4 CITY-ST-ZIP Orlando, FL 32816 3.1 TITLE D ☐ Change ☒ Addition 3.2 NAME Gilbert Varnes 3.3 STREET ADDRESS 70 Randolph Ave. #7 3.4 CITY-ST-ZIP Dover, NJ 07801 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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

H. Mack

May 1, 1999

Daytime Phone # _____

CR2E037 (1/98)