

**2001
2000 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 008 ****75.00

DOCUMENT # N98000006599

1. Entity Name

UPLIFT MINISTRIES, INC.

Principal Place of Business

Mailing Address

750 SS ORANGE BLOSSOM TRAIL
STE 220
ORLANDO FL 32805
US

P.O. BOX 617547
ORLANDO FL 32861-7547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445167

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACK, LEROY H REV.
~~5624 ARUNDEL DR.~~
~~ORLANDO FL 32816~~

Name

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

701 A Woods Ave.

City

Orlando

FL

Zip Code

32805

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DC**
STREET ADDRESS **MITCHELL, CLYDE**
CITY-ST-ZIP ~~7127 N 50TH~~
TAMPA FL 33617

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3336 Carlton Arms Dr, Bldg 55**
CITY-ST-ZIP **33614**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARROW, DENNIS**
CITY-ST-ZIP ~~5624 ARUNDEL DR.~~
ORLANDO FL 32816

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **250 McKinley St., #5**
CITY-ST-ZIP **Iola, WI 54945**

TITLE ☐ Delete
NAME **DCC**
STREET ADDRESS **VARNES, GILBERT**
CITY-ST-ZIP **70 RANDOLF AVE #7**
DOVER NJ 07801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, ROBERT**
CITY-ST-ZIP **2056 HOLLYWOOD DR**
TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MACK, LEROY**
CITY-ST-ZIP **PO BOX 617547**
ORLANDO FL 32861

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WYNN, RANDY**
CITY-ST-ZIP **7127 N 50TH ST**
TAMPA FL 33617

TITLE ☐ Change ☒ Addition
NAME **Powell, Manfred**
STREET ADDRESS **70 Randolph Ave. #7**
CITY-ST-ZIP **Dover, NJ 07801**

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:

SIGNATURE REQUIRED

5/11/2001 407 839 5051

CR2E037 (9/99)