FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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May 17, 1999 8:00 am
Secretary of State
05-17-1999 90013 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P-95000021528

1. Corporation Name
Child Uplift, Inc.

Principal Place of Business / Mailing Address
~~2152 Tarpon Landings Drive~~
~~Tarpon Springs, FL 34689~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3100 TEAL TERRACE
Street, Apt. #, etc.
22
23 City & State: SAFETY HARBOR FL
24 Zip: 34695 25 Country:

2a. Mailing Address
26 3100 TEAL TERRACE
Street, Apt. #, etc.
27
28 City & State: SAFETY HARBOR, FL
29 Zip: 34695 30 Country:

3. Date Incorporated or Qualified: 3/13/95

4. FEI Number: 59-3301801 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Marsha Luginbuehl
~~2152 Tarpon Landings Drive~~
~~Tarpon Springs, FL 34689~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ~~See #7~~ 3100 TEAL TERRACE
83 ~~2152 Tarpon Landings Drive~~
84 City ~~Tarpon Springs~~ SAFETY HARBOR FL 85 Zip Code ~~34689~~ 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(If changing Registered Agent, Registered Agent's signature required; must be typed or printed)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D Marsha L. Luginbuehl	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Peter Luginbuehl	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	P, D 3100 TEAL TERRACE ~~2152 Tarpon Landings Drive~~ ~~Tarpon Springs, FL 34689~~ SAFETY HARBOR FL 34695	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, D 3100 Teal Terrace ~~2152 Tarpon Landings Drive~~ ~~Tarpon Springs, FL 34689~~ SAFETY HARBOR FL 34695	☒ 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 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 607, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with an address.

PETER LUGINBUEHL Peter Luginbuehl 4/28/99 ~~4/28/98~~ ~~4/29/97~~ 7-21-99