## **FILE NOW: FILING FEE IS \$61.25**

FILED Apr 09 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (0)UPPER ROOM ASSEMBLY, INC. Principal Place of Business 19701 AO 127TH AVE. MIAMI FL 33177-1803 Mailing Address 19701 AN 127TH AVE. MIAMI FL 33177 3. Date Incorporated or Qualified 3a. Date of Last Report 09/21/1978 03/19/1996 2. Principal Place of Business 4. FEI Number 2a. Maiting Address Applied For 59-1889817 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Rev. John KUMMELMAN, CAREY 82 iress (P.O. Box Number is Not Acceptable) 10091 SW 128TH CT. MIAMI FJ 35186 83 84 City Zip Code 33/77 85 MIAMI 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 open, or both, in the State of Torida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligation, of Section 617.0503. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ND DIRECTORS ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change \_\_\_ Addition TITLE 1.1 TITLE KLEPP, REV. BRUCE NAME 1.2 NAME 14952 SW 143 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change **Addition** TITLE 2.1 TITLE KUMMELMAN, CAREY PAINE, Edward NAME 2.2 NAME 20511 5W 118# Ave 10091 SW 138TH CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33186 MIAMI, FL 33177 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE S,D. Cowey, Tom 10381 SW 156 #5+ PLUMMER, DAWSON 3.2 NAME NAME 10915 W 177 TERR 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE DAWSON RICHARD 8820 SW 42ND ST Mendola, Ron 26543 SW 122N Place NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS MIAMI PL 4.4 CITY-ST-ZIP rinceton, Fl 33032 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition Hanley, Adolph 19911 SW 114 H St NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CITY-ST-ZIP