

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007838

FILED
Jul 02, 2008
Secretary of State

Entity Name: UPPER ROOM MINISTRIES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

2724 N AUSTRALIAN AVENUE
BLDG 2 ANNEX
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3402 AUSTRALIAN COURT
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1149898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT, JEFFREY O
Address: 2724 N AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: KNIGHT, CARLA R
Address: 2724 N AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: JACKSON, THEORA K
Address: 2724 N AUSTRALIAN AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA KNIGHT

SD

07/02/2008

Electronic Signature of Signing Officer or Director

Date