2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N03000001057

Entity Name: U. P. T. TRAINING & DEVELOPMENT CENTER INC.

Current Principal Place of Business:

1015 N DIXIE HWY.
MIDDLE OFFICE SPACE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

P.O.B.9063 C/O UNITY PRAYER CIRCLE,INC.
RIVIERA BEACH, FL 33419 US

New Mailing Address:

FEI Number: 25-1901897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCBRIDE, BRENDA N CEO
3630 WHITEHALL DRIVE
APT#103
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:	ED	( ) Delete
Name:	MCBRIDE, BRENDA	
Address:	3630 WHITEHALL DRIVE APT# 103	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	SEC	( ) Delete
Name:	STRINGER, BARBARA	
Address:	470 EXECUTIVE CENTER DRIVE APT#3N	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	TREA	( ) Delete
Name:	EDWARDS, LILLIE	
Address:	1498 NORTH MANGONIA CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	C	( ) Delete
Name:	EDWARDS, JERRY	
Address:	1498 NORTH MANGONIA CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	D	( ) Delete
Name:	MCBRIDE, EDDIE	
Address:	3630 WHITEHALL DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33401 US	
Title:	D	( ) Delete
Name:	HALL, MAURICE	
Address:	4988B ADLER DR.	
City-St-Zip:	WEST PALM BEACH, FL 33417	

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:	
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: BRENDA MCBRIDE P 04/28/2009
Electronic Signature of Signing Officer or Director — Date