

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002270	
1. Entity Name THE LITTLE UPPER ROOM, INC.	

Principal Place of Business 2239 KIWI TRAIL CLERMONT FL 34711	Mailing Address 2239 KIWI TRAIL CLERMONT FL 34711
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 20-0825962	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, FRANKIE 2239 KIWI TRAIL CLERMONT FL 34711	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent sign and seal with notary stamp) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D TRIBBEY, HELENIA 2239 KIWI TRAIL CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D TRIBBEY, MICHELLE 2239 KIWI TRAIL CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D JOHNSON, FRANKIE 2239 KIWI TRAIL CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D JOHNSON, JAMILAH 5715 BRITTANEA DRIVE APT. 3178 ORLANDO FL 32822
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D JOHNSON, RICKEY 2239 KIWI TRAIL CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000311925 05/07/08-80059-017 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frankie M Johnson* *Frankie M Johnson* **4/19/08 352 988-8384**