

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002270

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: THE LITTLE UPPER ROOM, INC.

**Current Principal Place of Business:**

2239 KIWI TRAIL  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2239 KIWI TRAIL  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 20-0825962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, FRANKIE  
2239 KIWI TRAIL  
CLERMONT, FL 34711      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: D ( ) Delete  
Name: TRIBBEY, HELENIA  
Address: 2239 KIWI TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: TRIBBEY, MICHELLE  
Address: 2239 KIWI TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: JOHNSON, FRANKIE  
Address: 2239 KIWI TRAIL  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: JOHNSON, JAMILAH  
Address: 5715 BRITTANEA DRIVE APT. 3178  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: JOHNSON, RICKEY  
Address: 2339 KIWI TRAIL  
City-St-Zip: CLERMONT, FL 34711

**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:

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: FRANKIE M JOHNSON

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date