

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003574

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE UPPER ROOM EVANGELISTIC MINISTRIES INC

Current Principal Place of Business:

6152 NW 11TH STREET
SUNRISE, FL 33313

New Principal Place of Business:

3751 ENVIRON BLVD #140
SUNRISE, FL 33319

Current Mailing Address:

3751 ENVIRON BL #140
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 20-3496019 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKENZIE, MARION P
3751 ENVIRON BLVD #140
LAUDERHILL, FL 33319 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: PD () Delete
Name: MCKENZIE, MARION P
Address: 3751 ENVIRON BLVD., #140
City-St-Zip: LAUDERHILL, FL 33319

Title: VPTD () Delete
Name: MCKENZIE, ROY B
Address: 3751 ENVIRON BL #140
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Delete
Name: MCCLYMONT, WILBURN L
Address: P.O. BOX 15337
City-St-Zip: PLANTATION, FL 33318

Title: S (X) Delete
Name: MADDIX, GWEN
Address: 3751 ENVIRON BL #141
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: MCKENZIE, ALDENE A
Address: P.O. BOX 15337
City-St-Zip: PLANTATION, FL 33318

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: D (X) Change () Addition
Name: MCCLYMONT, ALDENE A
Address: 7600 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33324

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: ALDENE MCCLYMONT

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date