

FILE NOW: FILING FEE IS \$61.25

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May 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24850

1. Corporation Name
UPPER ROOM OF JESUS CHRIST WRITTEN IN HEAVEN, IN C.

Principal Place of Business 2920 NORTHWEST 12TH STREET FT. LAUDERDALE FL 33311	Mailing Address 4841 NORTHWEST 17 COURT LAUDERHILL FL 33313 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/15/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0039102
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MARK, FREEMON A.
1577 N. DIXIE HIGHWAY
POMPANO BEACH FL 33313

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD POOLE, ALGIE B., JR.	1.2 NAME	
STREET ADDRESS	4841 NW 17TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD RILES, HENRIETTA	2.2 NAME	same
STREET ADDRESS	920 NW 34TH WAY	2.3 STREET ADDRESS	6860 Northwest 46 Court
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Lauderhi ll, Florida 33319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD POOLE, CAROLYN E.	3.2 NAME	
STREET ADDRESS	4841 NW 17TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn E. Poole* **RECORDED** *E. Poole* **APR 27 1999** (954) 739-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)