


FILE NOW: FILING FEE IS \$61.25

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98 JUN -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004154 (7) 1. Corporation Name UPPERROOM COMMUNITY OUTREACH CENTER, INC.					
Principal Place of Business 4000 N.W. 12TH ST. LAUDERHILL FL 33313			Mailing Address 4000 N.W. 12TH ST. LAUDERHILL FL 33313		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/22/1997 4. FEI Number 65-0789133 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BUTLER, JIMMIE L 4000 N.W. 12TH ST. LAUDERHILL FL 33313			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400002553804-- 8 83 -06/03/98--01113--024 84 City FL 85 Zip Code *****70.00 *****70.00		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	BUTLER, JIMMIE L				
STREET ADDRESS	4000 N.W. 12TH ST.				
CITY-ST-ZIP	LAUDERHILL FL 33313				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	BUTLER, ALTHEA D				
STREET ADDRESS	5321 N.W. 14TH PL.				
CITY-ST-ZIP	LAUDERHILL FL 33313				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	BROWN, LORIE P				
STREET ADDRESS	1440 N.W. 7TH AVE.				
CITY-ST-ZIP	FT. LAUDERHILL FL 33313				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ROBINSON, WILLIE L				
STREET ADDRESS	1900 N.W. 15TH AVE.				
CITY-ST-ZIP	FT. LAUDERDALE FL 33313				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LIVINGSTON, RALPH				
STREET ADDRESS	2590 N.W. 26TH AVE.				
CITY-ST-ZIP	FT. LAUDERDALE FL 33311				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, JAMALA A				
STREET ADDRESS	4848 N.W. 24TH CT. #207				
CITY-ST-ZIP	LAUDERHILL FL 33313				

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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	400002553804-- 8
83	-06/03/98--01113--024
84 City	FL
85 Zip Code	*****70.00 *****70.00

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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)