

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90296 019 ****61.25

05-06-1999 90296 020 *****8.75

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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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

65-0789133

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE OP
NAME BUTLER, JIMMIE L
STREET ADDRESS 4000 N.W. 12TH ST.
CITY-ST-ZIP LAUDERHILL FL 33313
☐ DELETE

TITLE DS
NAME BUTLER, ALTHEA D
STREET ADDRESS 5321 N.W. 14TH PL.
CITY-ST-ZIP LAUDERHILL FL 33313
☐ DELETE

TITLE DT
NAME BROWN, LORIE P
STREET ADDRESS 1440 N.W. 7TH AVE.
CITY-ST-ZIP FT. LAUDERHILL FL 33313
☐ DELETE

TITLE D
NAME ROBINSON, WILLIE L
STREET ADDRESS 1900 N.W. 15TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33313
☐ DELETE

TITLE D
NAME LIVINGSTON, RALPH
STREET ADDRESS 2590 N.W. 26TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33311
☐ DELETE

TITLE D
NAME WILLIAMS, JAMALA A
STREET ADDRESS 4848 N.W. 24TH CT. #207
CITY-ST-ZIP LAUDERHILL FL 33313
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Butler 4-27-99 954-581-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)