2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9700004154 May 05, 2000 8:00 am 1. Entity Name Secretary of State UPPERROOM COMMUNITY OUTREACH CENTER, INC. 05-05-2000 90069 011 ****70.00 Principal Place of Business Mailing Address 4000 N.W. 12TH ST. 4000 N.W. 12TH ST. LAUDERHILL FL 33313 LAUDERHILL FL 33313-5815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0789133 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) BUTLER, JIMMIE L 4000 N.W. 12TH ST. LAUDERHILL FL 33313 Zip Code FL 8. 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: -9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITI F BUTLER, JIMMIE L NAME NAME STREET ADDRESS STREET ADDRESS 4000 N.W. 12TH ST. CITY-ST-ZIP CITY-ST-7IP **LAUDERHILL FL 33313** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Butler, Althea D STREET ADDRESS STREET ADDRESS 5321 N.W. 14TH PL. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Addition ☐ Change TITLE DT ☐ Delete TITLE BROWN, LORIE P NAME NAME STREET ADDRESS STREET ADDRESS 1440 N.W. 7TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERHILL FL 33313 ☐ Change Addition TITLE ☐ Delete TITLE ROBINSON, WILLIE L NAME STREET ADDRESS 1900 N.W. 15TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33313 ☐ Delete TITLE Change Addition TITLE NAME LIVINGSTON, RALPH NAME STREET ADDRESS STREET ADDRESS 2590 N.W. 26TH AVE. CITY-ST-ZIP CITY-ST-7IB FT. LAUDERDALE FL 33311 ☐ Delete TITLE ☐ Change ☐ Addition TITLE WILLIAMS, JAMALA A NAME NAME STREET ADDRESS STREET ADDRESS 4848 N.W. 24TH CT. #207 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE TO DESCRIPTION OF DESCRIPTIO

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