

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 06, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000004154****1. Entity Name**  
UPPERROOM COMMUNITY OUTREACH CENTER, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
4000 N.W. 12TH ST.	4000 N.W. 12TH ST.
LAUDERHILL FL 33313	LAUDERHILL FL 33313

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1618 N.W. 38TH AVENUE	1618 N.W. 38TH AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
LAUDERHILL FL	LAUDERHILL FL

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33311		33311	

<b>4. FEI Number</b>	<b>Applied For</b>
65-0789133	Not Applicable

<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

<b>BUTLER JIMMIE L</b>
4000 N.W. 12TH ST.
LAUDERHILL FL 33313

**7. Name and Address of New Registered Agent**

<b>Name</b>
BUTLER JIMMIE L
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
1618 N.W. 38TH AVENUE
<b>City</b>
LAUDERHILL FL
<b>Zip Code</b>
33311

**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 JIMMIE L. BUTLER****09/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	WILLIAMS JAMALA A	
<b>STREET ADDRESS</b>	4848 N.W. 24TH CT. #207	
<b>CITY-ST-ZIP</b>	LAUDERHILL FL 33313	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	LIVINGSTON RALPH	
<b>STREET ADDRESS</b>	2590 N.W. 26TH AVE.	
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE FL 33311	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	ROBINSON WILLIE L	
<b>STREET ADDRESS</b>	1900 N.W. 15TH AVE.	
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE FL 33313	
<b>TITLE</b>	DT	<input type="checkbox"/> Delete
<b>NAME</b>	BROWN LORIE P	
<b>STREET ADDRESS</b>	1440 N.W. 7TH AVE.	
<b>CITY-ST-ZIP</b>	FT. LAUDERHILL FL 33313	
<b>TITLE</b>	DS	<input type="checkbox"/> Delete
<b>NAME</b>	BUTLER ALTHEA D	
<b>STREET ADDRESS</b>	5321 N.W. 14TH PL.	
<b>CITY-ST-ZIP</b>	LAUDERHILL FL 33313	
<b>TITLE</b>	DP	<input type="checkbox"/> Delete
<b>NAME</b>	BUTLER JIMMIE L	
<b>STREET ADDRESS</b>	4000 N.W. 12TH ST.	
<b>CITY-ST-ZIP</b>	LAUDERHILL FL 33313	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WILLIAMS JAMALA A	
<b>STREET ADDRESS</b>	4848 N.W. 24TH CT. #207	
<b>CITY-ST-ZIP</b>	LAUDERHILL FL 33313	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GRIFFIN FRANKLIN J	
<b>STREET ADDRESS</b>	1242 N.W. 15TH TERR.	
<b>CITY-ST-ZIP</b>	FT. LAUDERDALE FL 33311	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: FRANKLIN J. GRIFFIN**

D

09/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)