

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004154

FILED
Jul 06, 2004
Secretary of State

Entity Name: UPPERROOM COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

1618 N.W. 38TH AVENUE
LAUDERHILL, FL 33311

New Principal Place of Business:

3944 NW 19TH STREET
LAUDERHILL, FL 33311

Current Mailing Address:

1618 N.W. 38TH AVENUE
LAUDERHILL, FL 33311

New Mailing Address:

FEI Number: 65-0789133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, JIMMIE L
1618 N.W. 38TH AVENUE
LAUDERHILL, FL 33311 US

Name and Address of New Registered Agent:

BUTLER, JIMMIE L
3944 NW 19TH STREET
LAUDERHILL, FL 33311 US

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

07/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUTLER, JIMMIE L
Address: 4000 N.W. 12TH ST.
City-St-Zip: LAUDERHILL, FL 33313

Title: DS () Delete
Name: BUTLER, ALTHEA D
Address: 5321 N.W. 14TH PL.
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: GRIFFIN, FRANKLIN J
Address: 1242 N.W. 15TH TERR.
City-St-Zip: FT.LAUDERDALE, FL 33311 US

Title: D () Delete
Name: ROBINSON, WILLIE L
Address: 1900 N.W. 15TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: D () Delete
Name: LIVINGSTON, RALPH
Address: 2590 N.W. 26TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: DT () Delete
Name: WILLIAMS, JAMALA A
Address: 4848 N.W. 24TH CT. #207
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE L. BUTLER

DP

07/06/2004

Electronic Signature of Signing Officer or Director

Date

SONYA HILL
215 SW 19TH AVENUE APT.#2
FORT LAUDERDALE, FL 33311