

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004154

FILED
Mar 31, 2009
Secretary of State

Entity Name: UPPERROOM COMMUNITY OUTREACH CENTER, INC.

Current Principal Place of Business:

3775 N W 16TH STREET
LAUDERHILL, FL 33311

New Principal Place of Business:

1631 NW 38TH AVENUE
LAUDERHILL, FL 33311

Current Mailing Address:

P.O. BOX 9224
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0789133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTLER, JIMMIE L PASTOR
5321 NW 14TH PLACE
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

BUTLER, JIMMIE L PASTOR
6221 NW 17TH STREET
SUNRISE, FL 33313 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 BUTLER

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUTLER, JIMMIE L
Address: 5321 NW 14TH PLACE
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: 2851 NW 11 PLACE # 2
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: D () Delete
Name: LIVINGSTON, RALPH
Address: 4311 NW 23 COURT
City-St-Zip: LAUDERHILL, FL 33313

Title: DT () Delete
Name: HILL, SONYA D
Address: 540 NW 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BUTLER, JIMMIE L
Address: 6221 NW 17TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: DS (X) Change () Addition
Name: BUTLER, ALTHEA D
Address: 6221 NW 17TH STREET
City-St-Zip: SUNRISE, FL 33313

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 exemption stated in Chapter 119, 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 BUTLER

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date