

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05/19/01

**DOCUMENT # N97000007217**

1. Entity Name  
**UPPER ROOM DELIVERANCE OUTREACH CENTER, INC.**

05-29-2001 90017 010 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 1629 POWDER RIDGE DRIVE      1629 POWDER RIDGE DRIVE  
 VALRICO FL 33594                  VALRICO FL 33594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3492284</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>AMERILAWYER</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES FL 33134</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

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: *[Handwritten Signature]*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MATTHEW, JOY A</b>			NAME			
STREET ADDRESS	<b>1629 POWDER RIDGE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MATTHEW, WINSTON L</b>			NAME			
STREET ADDRESS	<b>1629 POWDER RIDGE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, HAROLD S</b>			NAME			
STREET ADDRESS	<b>1629 POWDER RIDGE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MILLER, BERNICE M</b>			NAME			
STREET ADDRESS	<b>1629 POWDER RIDGE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MILLER, CYRIL</b>			NAME			
STREET ADDRESS	<b>1629 POWDER RIDGE DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

SIGNATURE: *[Handwritten Signature]*      5/21/01      (813) 666-167

CR2E037 (10/00)