

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90080 004 ****61.25

DOCUMENT # N98000001337

1. Entity Name

UPPER ROOM APOSTOLIC TABERNACLE, INC.



Principal Place of Business

5964 COY GLEN WAY
LAKE WORTH FL 33463

Mailing Address

5964 COY GLEN WAY
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

STEWART, DENZIL G
4179 ROYAL MANOR BLVD
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name **DOREEN NELSON**

Street Address (P.O. Box Number is Not Acceptable)

1091 SAIRSAX CIRCLE

City **BOYNTON BEACH FL**

Zip Code **33436**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.15.04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SMALL, DOROTHY C**
STREET ADDRESS **5964 COY GLEN WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **SD** ☒ Delete
NAME **STEWART, DENZIL G**
STREET ADDRESS **4179 ROYAL MANOR BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **TD** ☐ Delete
NAME **STEWART, AGNES**
STREET ADDRESS **5487 HAVER FORD WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **SMALL, ALPHANSO**
STREET ADDRESS **5964 COY GLEN WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **NOBLE, LAUREL**
STREET ADDRESS **5783 JUD FALLS RD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete
NAME **SMALL, SHAUNA D**
STREET ADDRESS **5964 COY GLEN WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME **DOREEN NELSON**
STREET ADDRESS **1091 SAIRSAX CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: DOROTHY CLAIRE SMALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-04 561-963-9312