

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005255

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: UPPER ROOM BIBLE STUDIES, INC.

Current Principal Place of Business:

3334 E. SHENANDOAH DR.
JACKSONVILLE, FL 32065

New Principal Place of Business:

Current Mailing Address:

3334 E. SHENANDOAH DR.
JACKSONVILLE, FL 32065

New Mailing Address:

FEI Number: 59-3531775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, DONALD W ESQ
11265 ALUMNI WAY, STE. 201
JACKSONVILLE, FL 322466685 US

Name and Address of New Registered Agent:

LAWSON, DAVE PH.D.
3334 E. SHENANDOAH DRIVE
ORANGE PARK, FL 32065 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: DAVE LAWSON

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWSON, REV. DAVE
Address: 3334 E. SHENANDOAH DR.
City-St-Zip: JACKSONVILLE, FL 32065

Title: D () Delete
Name: RINER, CRYSTAL H
Address: 11226 DUVAL RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, DR. ARLO
Address: 9648 WOODLAND AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: GAY, REV. MELBA
Address: 1261 HAMMOND BLVD.
City-St-Zip: JACKSONVILLE, FL 32221

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:

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: DAVE LAWSON

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

Date