

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744350

Entity Name: UPPER ROOM ASSEMBLY, INC.**Current Principal Place of Business:**ATTN: AVERY JONES
19701 SW 127 AVENUE
MIAMI, FL 33177-1803**Current Mailing Address:**ATTN: AVERY JONES
19701 SW 127 AVENUE
MIAMI, FL 33177-1803 US**FEI Number:** 59-1889817**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, AVERY
19701 SW 127TH AVE
MIAMI, FL 33177 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:** AVERY JONES

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KLEPP, BRUCE O
Address	15459 SW 143 TERR
City-State-Zip:	MIAMI FL 33196

Title	SECRETARY
Name	FOSTER, CARL
Address	ATTN: AVERY JONES 19701 SW 127 AVENUE
City-State-Zip:	MIAMI FL 33177-1803

Title	DEACON
Name	CAMPBELL, EDMUND
Address	ATTN: AVERY JONES 19701 SW 127 AVENUE
City-State-Zip:	MIAMI FL 33177-1803

Title	TREASURER
Name	JONES, AVERY LEE
Address	ATTN: AVERY JONES 19701 SW 127 AVENUE
City-State-Zip:	MIAMI FL 33177-1803

Title	DEACON
Name	MCFADDEN, RODRICK
Address	ATTN: AVERY JONES 19701 SW 127 AVENUE
City-State-Zip:	MIAMI FL 33177-1803

Title	DEACON
Name	HERDSMAN, PAUL
Address	ATTN: AVERY JONES 19701 SW 127 AVENUE
City-State-Zip:	MIAMI FL 33177-1803

I hereby 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 all other like empowered.

SIGNATURE: AVERY JONES**AGENT**

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date