

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007594

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC7184604768**

**Entity Name:** THE UPPER ROOM OF PRAYER, HEALING AND DELIVERANCE  
MINISTRY INC.

**Current Principal Place of Business:**

5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

5946 PAINTED PONY DR.  
JACKSONVILLE, FL 32244 US

**FEI Number: 27-3536849**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, CARON L  
5946 PAINTED PONY DR.  
JACKSONVILLE, FL 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BROWN, CARON L  
Address 5946 PAINTED PONY DR.  
City-State-Zip: JACKSONVILLE FL 32244

*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: CARON BROWN

PASTOR

04/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date