

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 04, 2019
Secretary of State
3835861156CC

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

Current Principal Place of Business:

5183 BROKEN ARROW DRIVE N.
JACKSONVILLE, FL 32244

Current Mailing Address:

5183 BROKEN ARROW DRIVE N.
JACKSONVILLE, FL 32244 US

FEI Number: 27-3536849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, CARON L
5183 BROKEN ARROW DRIVE N.
JACKSONVILLE, FL 32244 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 PASTOR, IRENE SMITH
Name BROWN, CARON L
Address 5183 BROKEN ARROW DRIVE N.
 5183 BROKEN ARROW DRIVE N.
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

ELDER

03/04/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date