

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90828 037 ****70.00

DOCUMENT # 731066 1. Entity Name UPPER ROOM CHAPEL INC.					
Principal Place of Business 159 NORTH GAINS STREET OAK HILL, FL 32759			Mailing Address UPPER ROOM CHAPEL P.O. BOX 125 OAK HILL, FL 32759		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3544193				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANORSDALE, JOAN E 136 FAIRVIEW AVE., APT. #315 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) <u>12105 NEWPORT SOUND PLACE</u> City <u>NEW SMYRNA BEACH</u> <u>FL</u> Zip Code <u>32168</u>		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$81.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, GARY 3471 WASHINGTON AVE EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSLEY, GARY 100 CREEKSIDE Apt. #198 NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANORSDALE, JOAN E 136 FAIRVIEW AVE. APT. 315 DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANORSDALE, JOAN E. 12105 NEWPORT SOUND PLACE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANORSDALE, CHARLES R 136 FAIRVIEW AVE. APT. 315 DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANORSDALE, CHARLES R. 12105 NEWPORT SOUND PLACE NEW SMYRNA BEACH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, STACEY 338 EZRA RD OAK HILL, FL 32759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTCH, ARCHIE 402 WARD DRIVE OAK HILL, FL 32759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, BELVA B 3031 JUNIPER STREET EDGEWATER, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, HAROLD C 3043 JUNIPER DR EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joan E. Vanorsdale</u> April 25, 2007 386-345-0096 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					