2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2003
Secretary of State

DOCUMENT# 731066

Entity Name: UPPER ROOM CHAPEL INC.

Current Principal Place of Business:

159 NORTH GAINS STREET
OAK HILL, FL 32759

New Principal Place of Business:

Current Mailing Address:

%ALVIN E. FUTCH
P.O. BOX 332
OAK HILL, FL 32759

New Mailing Address:

FEI Number: 59-3544193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUTCH, ALVIN E
216 ADAMS STREET
P O BOX 332
OAK HILL, FL 32759

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FUTCH, VERA E.	
Address:	216 ADAMS ST.	
City-St-Zip:	OAK HILL, FL	
Title:	STD	( ) Delete
Name:	FUTCH, ALVIN E.	
Address:	216 ADAMS ST.	
City-St-Zip:	OAK HILL, FL	
Title:	D	( ) Delete
Name:	FUTCH, GRACE E.	
Address:	402 WARD DR.	
City-St-Zip:	OAK HILL, FL	
Title:	D	( ) Delete
Name:	FUTCH, ARCHIE M	
Address:	402 WARD DR.	
City-St-Zip:	OAKHILL, FL	
Title:	P	( ) Delete
Name:	LUCAS, BELVA B	
Address:	3031 JUNIPER STREET	
City-St-Zip:	EDGEWATER, FL 32114	
Title:	D	( ) Delete
Name:	LUCAS, PATRICIA A	
Address:	3031 JUNIPER STREET	
City-St-Zip:	EDGEWATER, FL 32114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	STEWART, MICHAEL H V/D	
Address:	6022 DALFORD RD.	
City-St-Zip:	PORT ORANGE, FL 32127 US	
Title:	D	(X) Change ( ) Addition
Name:	STEWART, CHRISTINE M D	
Address:	6022 DALFORD RD	
City-St-Zip:	PORT ORANGE, FL 32127 US	
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: ALVIN E. FUTCH STD 01/03/2003

Electronic Signature of Signing Officer or Director — Date