

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716016

FILED
Jul 02, 2006
Secretary of State

Entity Name: UPPER ROOM APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

5804 VERMONT AVENUE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5804 VERMONT AVENUE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2272142 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUBA, MARK T.
1833 PEPPERELL DR
NEW PORT RICHEY, FL 34655 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

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HUBA, MARK T (TRUSTE, E)
Address: 1833 PEPPERELL DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD () Delete
Name: STRUKEL, PHILLIP
Address: 7653 MONTAGUE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD () Delete
Name: JOHNSON, TAMRA
Address: 15518 RENEE LANE
City-St-Zip: HUDSON, FL 34669

Title: T () Delete
Name: LAWSON, EDWARD
Address: 1104 NORTHRIDGE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: BALDRIDGE, RONALD
Address: 5834 1ST AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: MARK T. HUBA

PCD

07/02/2006

Electronic Signature of Signing Officer or Director

Date