

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731066

1. Corporation Name

UPPER ROOM CHAPEL INC.

Principal Place of Business

**159 NORTH GAINS STREET
OAK HILL FL 32759**

Mailing Address

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90210 002 ****70.00

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/08/1974

4. FEI Number

50-2774477-59-3544193

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DAY, A
211 STANFORD
POB 273
SCOTTSMORE FL 32132**

10. Name and Address of New Registered Agent

81 Name

Alvin E. Futch

82 Street Address (P.O. Box Number is Not Acceptable)

216 Adams St. P.O. Box 332

83

84 City

Oak Hill

FL

85 Zip Code
32759

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Alvin E. Futch**

2/04/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FUTCH, VERA E.**
STREET ADDRESS **216 ADAMS ST.**
CITY-ST-ZIP **OAK HILL FL**

TITLE **STD** ☐ DELETE
NAME **FUTCH, ALVIN E.**
STREET ADDRESS **216 ADAMS ST.**
CITY-ST-ZIP **OAK HILL FL**

TITLE **D** ☐ DELETE
NAME **FUTCH, GRACE E.**
STREET ADDRESS **402 WARD DR.**
CITY-ST-ZIP **OAK HILL FL**

TITLE **D** ☐ DELETE
NAME **FUTCH, ARCHIE M**
STREET ADDRESS **402 WARD DR.**
CITY-ST-ZIP **OAKHILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P.**
1.3 STREET ADDRESS **Belva B. Lucas**
1.4 CITY-ST-ZIP **3031 Juniper St**
Edgewater, FL. 32114 ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D.**
2.3 STREET ADDRESS **Patricia A Lucas**
2.4 CITY-ST-ZIP **3031 Juniper St.**
Edgewater, FL. 32114 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V.**
3.3 STREET ADDRESS **Michael H. Stewart**
3.4 CITY-ST-ZIP **6022 Dalford Rd.**
Port Orange, FL. 32127 ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D.**
4.3 STREET ADDRESS **Christine M. Stewart**
4.4 CITY-ST-ZIP **6022 Dalford Rd.**
Port Orange, FL. 32127 ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin E. Futch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/99

904-345-3612

Date

Daytime Phone #

CR2E037 (11/98)

0014426