

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 731066**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FUTCH, VERA E.</b><br><b>216 ADAMS ST.</b><br><b>OAK HILL FL</b>                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VERA E. FUTCH</b><br><b>MICHAEL H. STEWART</b><br><b>6022 DALFORD RD</b><br><b>PORT ORANGE FL 32127</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>FUTCH, ALVIN E.</b><br><b>216 ADAMS ST.</b><br><b>OAK HILL FL</b>              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD</b><br><b>CHRISTINE STEWART</b><br><b>6022 DALFORD RD</b><br><b>PORT ORANGE FL 32127</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FUTCH, GRACE E.</b><br><b>402 WARD DR.</b><br><b>OAK HILL FL</b>                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FUTCH, ARCHIE M</b><br><b>402 WARD DR.</b><br><b>OAKHILL FL</b>                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>LUCAS, BELVA B</b><br><b>3031 JUNIPER STREET</b><br><b>EDGEWATER FL 32114</b>    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LUCAS, PATRICIA A</b><br><b>3031 JUNIPER STREET</b><br><b>EDGEWATER FL 32114</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 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:** *Alvin E. Futch* **ALVIN E. FUTCH STD** **1-18-01** **904-345-3612**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90154 039 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)