

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731066

1. Entity Name

UPPER ROOM CHAPEL INC.

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90166 037 \*\*\*\*70.00

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 & State

City & 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 ☐ Delete  
NAME D  
STREET ADDRESS FUTCH, VERA E.  
CITY-ST-ZIP 216 ADAMS ST.  
OAK HILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS LUCAS, BELVA B  
CITY-ST-ZIP 3031 JUNIPER STREET  
EDGEWATER FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LUCAS, PATRICIA A  
CITY-ST-ZIP 3031 JUNIPER STREET  
EDGEWATER FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 386-345-7612  
Date Daytime Phone #

CR2E037 (9/01)