2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731066

Entity Name: UPPER ROOM CHAPEL INC.

FILED Jul 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 159 NORTH GAINS STREET OAK HILL, FL 32759 **Current Mailing Address: New Mailing Address:** %ALVIN E. FUTCH P.O. BOX 332 OAK HILL, FL 32759 FEI Number: 59-3544193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FUTCH, ALVIN E 216 ADÁMS STREET P O BOX 332 OAK HILL, FL 32759 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FUTCH, VERA E. Name: Name: 216 ADAMS ST. Address: Address: City-St-Zip: OAK HILL, FL City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: FUTCH, ALVIN E. Name: Address: 216 ADAMS ST. Address: City-St-Zip: OAK HILL, FL City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, MICHAEL H V/D Name: Name: 6022 DALFORD RD. Address: Address: City-St-Zip: PORT ORANGE, FL 32127 US City-St-Zip: Title: () Delete Title: () Change () Addition STEWART, CHRISTINE M D Name: Name: Address: 6022 DALFORD RD Address: City-St-Zip: PORT ORANGE, FL 32127 US City-St-Zip: Title: () Delete Title: () Change () Addition LUCAS, BELVA B Name: Name: 3031 JUNIPER STREET Address: Address: City-St-Zip: EDGEWATER, FL 32114 City-St-Zip: Title: () Delete Title: (X) Change () Addition LUCAS, PATRICIA A JACKSON, HAROLD C Name: Name: Address: 3031 JUNIPER STREET Address: 3043 JUNIPER DR EDGEWATER, FL 32114 EDGEWATER, FL 32141 US City-St-Zip: 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 SEC. 07/09/2004