


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002773 1. Entity Name THE UPPER ROOM MINISTRIES, INC.	
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Principal Place of Business P.O. BOX 906 JASPER, FL 32052	Mailing Address P.O. BOX 906 JASPER, FL 32052
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 37-1235078	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLS, PHIL A. 307 SW 5TH AVE PO BOX 906 JASPER, FL 32052

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WILLS, PHIL A 307 SW 5TH AVE JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV WILLS, CONNIE L 307 SW 5TH AVE JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, ROBERT L 606 E. EUREKA ST. CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000106669

U4/U8/U4-8UD24-023 61.25

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: <u>Phil A. Wills</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/16/2004</u> <small>Date</small>	<u>386-792-1822</u> <small>Daytime Phone #</small>
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