2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N05000009357

Entity Name: THE UPPER ROOM SANCTUARY, INC.

Current Principal Place of Business:

717 E. OAK ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

4761 PETAL PAWPAW
ST. CLOUD, FL 34772

Current Mailing Address:

717 E. OAK ST.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 20-3458113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSER, STEVEN L
4761 PETAL PAWPAW
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MOSER, STEVEN L
Address: 4761 PETAL PAWPAW
City-St-Zip: ST. CLOUD, FL 34772

Title: TD ( ) Delete
Name: MOSER, JUDY J
Address: 4761 PETAL PAWPAW
City-St-Zip: ST. CLOUD, FL 34772

Title: VD ( ) Delete
Name: THOMAS, SCOTT C
Address: 2725 LAKE VISTA DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete
Name: THOMAS, CHERYL W
Address: 2725 LAKE VISTA DR.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN L. MOSER PRES 01/14/2008
Electronic Signature of Signing Officer or Director — Date