

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009357

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: THE UPPER ROOM SANCTUARY, INC.

**Current Principal Place of Business:**

4761 PETAL PAWPAW  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

1101 MIRANDA LANE  
KISSIMMEE, FL 347410769

**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:**

SWART BAUMRUK & COMPANY LLP  
1101 MIRANDA LANE  
KISSIMMEE, FL 34741 US

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: HARRY J. SWART, CPA

03/10/2009

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

03/10/2009

Electronic Signature of Signing Officer or Director

Date