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Jan 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003175 (4)

1. Corporation Name

UPPER ROOM MINISTRIES AND CHURCH WORSHIP OF DAYT
ONA BEACH, FLORIDA, INC.



Principal Place of Business

Mailing Address

326 1/2 SOUTH BEACH ST. SUITE #7
DAYTONA BEACH FL 32114

P O BOX 8411
ALLENDALE FL 32123

3. Date Incorporated or Qualified
06/12/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3390919

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, DAVID REV.
326 1/2 SOUTH BEACH ST, SUITE #7
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Rev. David Adams President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-appointing)

1-8-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, DAVID REV	
STREET ADDRESS	153 LEISURE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, LINDA	
STREET ADDRESS	153 LEISURE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, JACK	
STREET ADDRESS	1060 TOMPKINS	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, PAT	
STREET ADDRESS	412 NEEDLES DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHISMAN, BILLIE	
STREET ADDRESS	153 LEISURE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREASURER/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUSAN CRISPIN	
2.3 STREET ADDRESS	2100 NORTH SHORE DR. #105	
2.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32176	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Betty Duncan	
3.3 STREET ADDRESS	#5 ROCK COVE CT.	
3.4 CITY-ST-ZIP	Daytona Beach, FL. 32119	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William O. Adams	
4.3 STREET ADDRESS	153 LEISURE CIR.	
4.4 CITY-ST-ZIP	PORT ORANGE, FL. 32127	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. David Adams President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077296

CR2E037 (9/96)