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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3390919**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

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 617.1506, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, DAVID REV</b>	
STREET ADDRESS	<b>153 LEISURE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARY LLOYD</b>	
1.3 STREET ADDRESS	<b>885 BRADDOCK</b>	
1.4 CITY-ST-ZIP	<b>ENTERPRISE, FL, 32725-8704</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNCAN, BETTY</b>	
STREET ADDRESS	<b>#5 ROCK COVE CT</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	

2.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROGER DAVIS</b>	
2.3 STREET ADDRESS	<b>25 GOLDEN GATE CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>PORT ORANGE, FL, 32127</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, WILLIAM O</b>	
STREET ADDRESS	<b>153 LEISURE CIR</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	

3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>L.C. FELTON</b>	
3.3 STREET ADDRESS	<b>620 CASSIN</b>	
3.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL, 32114</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, TOM</b>	
STREET ADDRESS	<b>#22 ROCK COVE CT.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHISMAN, BILLIE</b>	
STREET ADDRESS	<b>153 LEISURE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>TS</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISPIN, SUSAN</b>	
STREET ADDRESS	<b>2100 N SHORE DR #105</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	

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 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: **David Adams** President 4-6-98 904-767-3511

CR2E037 (10/97)