

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90188 046 ****61.25

DOCUMENT # N96000003175

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

P O BOX 8411
ALLENDALE FL 32123



2. Principal Place of Business

21 **20905 Nova Rd.**

2a. Mailing Address

26 **Same**

3. Date Incorporated or Qualified

06/12/1996

Suite, Apt. #, etc.

22 **#1228**

Suite, Apt. #, etc.

27

4. FEI Number

59-3390919

Applied For

Not Applicable

City & State

23 **Daytona Beach, FL**

City & State

28

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **32114**

25

Zip Country

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Rev. David Adams**

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

2090 So. Nova Road

83

#1228

84

City **Daytona Beach**

FL

85 Zip Code
32114

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 617.0508, Florida Statutes.

SIGNATURE **Rev. David Adams**

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

(NOTE: Registered Agent signature required when reinstating)

4-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ADAMS, DAVID REV**
CITY-ST-ZIP **153 LEISURE CIRCLE**
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIS, ROGER**
CITY-ST-ZIP **25 GOLDEN GATE CIR**
PORT ORANGE FL 32127

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ADAMS, WILLIAM O**
CITY-ST-ZIP **153 LEISURE CIR**
PORT ORANGE FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LLYOD, MARY**
CITY-ST-ZIP **885 BRADDOCK**
ENTERPRIZE FL 32725-8704

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **FELTON, LCI**
CITY-ST-ZIP **620 CASSIN**
DAYTON FL 32114

TITLE ☐ DELETE
NAME **TS**
STREET ADDRESS **CRISPIN, SUSAN**
CITY-ST-ZIP **2100 N SHORE DR #105**
ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

904-767-3511

Daytime Phone #

CR2E037 (11/98)