

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**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90070 001 \*\*\*\*61.25

**DOCUMENT # N98000001337**

1. Corporation Name

**UPPER ROOM APOSTOLIC TABERNACLE, INC.**

Principal Place of Business

5964 COY GLEN WAY  
LAKE WORTH FL 33463

Mailing Address

5964 COY GLEN WAY  
LAKE WORTH FL 33463



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

65-0888627

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

EXCELL, MICHAEL D  
695 AUBURN CIR E, APT H  
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

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

*Michael Excell*

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

(NOTE: Registered Agent signature required when reinstating)

11 Feb 99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SMALL, DOROTHY C  
STREET ADDRESS 5964 COY GLEN WAY  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE SD ☐ DELETE  
NAME EXCELL, MICHAEL D  
STREET ADDRESS 695 AUBURN CIR E, APT H  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE TD ☐ DELETE  
NAME STEWART, AGNES  
STREET ADDRESS 5487 HAVER FORD WAY  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ DELETE  
NAME SMALL, ALPHANSO  
STREET ADDRESS 5964 COY GLEN WAY  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ DELETE  
NAME EWAN, CLAYTON  
STREET ADDRESS 11734 SANDERLING DR  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE  
NAME SMALL, SHAUNA D  
STREET ADDRESS 5964 COY GLEN WAY  
CITY-ST-ZIP LAKE WORTH FL 33463

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**

*Dorothy C. Small* 2-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)