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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36022 (4)

1. Corporation Name
UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, INCORPORATED



Principal Place of Business 2205 JOEL BLVD. ALVA FL 33936 US	Mailing Address P.O. BOX 50373 TICE FL 33905 US
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3. Date Incorporated or Qualified 01/04/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0153620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 2205 Joel Blvd	2a. Mailing Address
22. Suite, Apt. #, etc. Alva FL	27. Suite, Apt. #, etc.
23. City & State Alva FL	28. City & State
24. Zip 33972	25. Country Lee
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**TALLEY, JAMES DWIGHT SR.
2205 JOEL BLVD.
ALVA FL 33936**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 James Talley* **Rev James Talley** DATE: **4/30/97**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	TALLEY, JAMES DWIGHT SR.	
STREET ADDRESS	2255 9TH PLACE E.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DABNEY, PERRY	
STREET ADDRESS	1731 RED CEDAR DRIVE #8	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIMMONS, NAOMIE	
STREET ADDRESS	2254 9TH PLACE E.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DABNEY, SARAH	
STREET ADDRESS	1731 RED CEDAR DRIVE #3	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TALLEY, CORDELIE	
STREET ADDRESS	2255 9TH PLACE E.	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEYK, PATRICIA	
STREET ADDRESS	2253 9TH PL SE	
CITY - ST - ZIP	LEHIGH ACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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: *Cordelia E Talley* **Cordelia E Talley** DATE: **4/29/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)