


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 15 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N36022 (4)
 1. Corporation Name
 UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, INCORPORATED



Principal Place of Business: 2205 JOEL BLVD. ALVA FL 33972 US
 Mailing Address: P.O. BOX 50373 TICE FL 33905 US

3. Date Incorporated or Qualified: 01/04/1990

4. FEI Number: 65-0153620
 Applied For: Not Applicable

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 2a. Mailing Address: 26 P.O. Box 785
 Suite, Apt. #, etc.: 27
 City & State: 28 Lehigh Acres FL
 Zip: 29 33970 Country: 30 Lee

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 James Dwight Talley Sr* *James Dwight Talley Sr* 7/17/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 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 Talley* *7/17/98*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)