


FILE NOW: FILING FEE IS \$61.25

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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90022 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36022

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 785 LEHIGH ACRES FL 33970 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/04/1990	4. FEI Number 65-0153620	Applied For 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		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TALLEY, JAMES DWIGHT SR. 2205 JOEL BLVD. ALVA FL 33936				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLEY, JAMES DWIGHT SR.	1.2 NAME	
STREET ADDRESS	2255 9TH PLACE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, PERRY	2.2 NAME	PERRY DABNEY
STREET ADDRESS	1731 RED CEDAR DRIVE #8	2.3 STREET ADDRESS	5315 BEAUTY ST
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, NAOMIE	3.2 NAME	
STREET ADDRESS	2254 9TH PLACE E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, SARAH	4.2 NAME	DABNEY, SARAH
STREET ADDRESS	1731 RED CEDAR DRIVE #3	4.3 STREET ADDRESS	5315 BEAUTY ST
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLEY, CORDELIE	5.2 NAME	
STREET ADDRESS	2255 9TH PLACE E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYK, PATRICIA	6.2 NAME	
STREET ADDRESS	2253 9TH PL SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	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: *Cordele Talley* 5/24/99 941-334-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)