

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 049 ****61.25

DOCUMENT # N36022

1. Entity Name

UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, I

Principal Place of Business

Mailing Address

2205 JOEL BLVD.
 ALVA FL 33972
 US

P O BOX 785
 LEHIGH ACRES FL 33970-0785
 US



2. Principal Place of Business

3. Mailing Address

2221 Joel Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Alva FL

City & State

4. FEI Number
 65-0153620

Applied For
 Not Applicable

Zip
 339

Country
 Lee

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2221 Joel Blvd.
 ALVA FL 33936
 City
 Alva FL 33936

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TALLEY, JAMES DWIGHT SR. 2255 9TH PLACE E. LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABNEY, PERRY 5315 BEAUTY ST LEHIGH ACRES FL 33941	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, NAOMIE 2254 9TH PLACE E. LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DABNEY, SARAH 5315 BEAUTY ST LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALLEY, CORDELIE 2255 9TH PLACE E. LEHIGH ACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYK, PATRICIA 2253 9TH PL SE LEHIGH ACRES FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peter Wilkes 430 Valley Dr Lehigh Acres, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth Wilkes 430 Valley Dr Lehigh FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cordele Talley Cordele Talley, Ass Sec 5/27/2000 941-334-8055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)