

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

07-03-2001 90001 034 \*\*\*\*70.00

C 111 1

**DOCUMENT # N36022**

1. Entity Name

**UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, I**



**554303**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2205 JOEL BLVD.  
 ALVA FL 33972  
 US

Mailing Address

P O BOX 785  
 LEHIGH ACRES FL 33970  
 US

2. Principal Place of Business

2221 Joel Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 785  
 Suite, Apt. #, etc.

City & State

Alva FL

City & State

Lehigh Acres FL

4. FEI Number

65-0153620

Applied For

Not Applicable

Zip

33972

Country

Lee

Zip

33970

Country

Lee

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALLEY, JAMES DWIGHT SR.  
~~2205 JOEL BLVD~~ 2221 Joel Blvd  
 ALVA FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: James Dwight Talley Sr

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

(NOTE: Registered Agent signature required when reinstating)

6/27/2007

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

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 checked="" type="checkbox"/> Delete
NAME	DABNEY, PERRY	
STREET ADDRESS	5315 BEAUTY ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33941	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, NAOMIE	
STREET ADDRESS	2254 9TH PLACE E.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DABNEY, SARAH	
STREET ADDRESS	5315 BEAUTY ST.	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 **REQUIRED**

6/27/2007 941-368-0418

CR2E037 (10/00)