

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90462 005 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N36022

1. Entity Name

UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

2221 JOEL BLVD
 ALVA FL 33972
 US

P O BOX 785
 LEHIGH ACRES FL 33970
 US

2. Principal Place of Business

3. Mailing Address

2221 Joel Blvd

P.O. Box 785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alva FL

City & State

Lehigh Acres FL

4. FEI Number

65-0153620

Applied For

Not Applicable

Zip

33972

Country

US

Zip

33970

Country

US

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.
 2221 JOEL BLVD.
 ALVA FL 33936

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

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	CD	<input type="checkbox"/> Delete
NAME	TALLEY, JAMES DWIGHT SR.	
STREET ADDRESS	2255 9TH PLACE E.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILKES, PETER	
STREET ADDRESS	430 VALLEY DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMMONS, NAOMIE	
STREET ADDRESS	2254 9TH PLACE E.	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILKES, ELIZABETH	
STREET ADDRESS	430 VALLEY DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
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	

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	
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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: *C. Cordelie E. Talley* **Cordelie E. Talley Sec. Asst**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *6/13/02*
 Daytime Phone #: *239-368-0418*

CR2E037 (9/01)