2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N36022

Entity Name: UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, INCORPORATED

Current Principal Place of Business:

2221 JOEL BLVD
ALVA, FL 33972 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 785
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 65-0153620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALLEY, JAMES DWIGHT SR.
2221 JOEL BLVD.
ALVA, FL 33936 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	TALLEY, JAMES DWIGHT, SR.	
Address:	2255 9TH PLACE E.	
City-St-Zip:	LEHIGH ACRES, FL	
Title:	T	( ) Delete
Name:	WILKES, PETER	
Address:	2800 NW 56TH AV APT #H107	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	TD	( ) Delete
Name:	SIMMONS, NAOMIE,	
Address:	2254 9TH PLACE E.	
City-St-Zip:	LEHIGH ACRES, FL	
Title:	D	( ) Delete
Name:	DABNEY, LARRY	
Address:	12750 EQUESTRIAN CR #3006	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	TALLEY, CORDELIE,	
Address:	2255 9TH PLACE E.	
City-St-Zip:	LEHIGH ACRES, FL	
Title:	D	( ) Delete
Name:	CAMPBELL, PATRICIA	
Address:	1220 CLAYTON CT	
City-St-Zip:	LEHIGH ACRES, FL 33936	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	WILKES, PETER	
Address:	63 TANGERINE ST	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	TD	(X) Change ( ) Addition
Name:	SIMMONS, NAOMIE,	
Address:	2254 9TH PLACE E.	
City-St-Zip:	LEHIGH ACRES, FL 33972	
Title:	D	(X) Change ( ) Addition
Name:	WILKES, ELIZABETH	
Address:	63 TANGERINE ST	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORDELIE TALLEY MRS. 04/07/2006

Electronic Signature of Signing Officer or Director — Date