

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 63 TANGERINE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD () Delete
Name: CLAUDETTE TALLEY
Address: 78 8TH STREET
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: WILKES, ELIZABETH
Address: 63 TANGERINE ST
City-St-Zip: LEHIGH ACRES, FL 33936

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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 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

_____ Electronic Signature of Signing Officer or Director

AASS

05/26/2009

_____ Date