

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 025 *****70.00

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DOCUMENT # N36022

1. Entity Name

UPPER ROOM HOUSE OF PRAYER PENTECOSTAL CHURCH, INCORPORATED



Principal Place of Business

2221 JOEL BLVD
ALVA FL 33972
US

Mailing Address

P O BOX 785
LEHIGH ACRES FL 33970
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0153620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

TALLEY, JAMES DWIGHT SR.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

By James D Talley Sr Rev James Talley Sr 8/2/03

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 Florida 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		
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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: *Cordelia Talley* 8/2/03 234-368-0418

CR2E037 (10/02)