

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005142

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** UPPER ROOM CHURCH OF GOD OF FORT MYERS SHORES, INC.

**Current Principal Place of Business:**

2500 DAVIS BLVD.  
ALVA, FL 339200304

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 883  
ALVA, FL 339200883

**New Mailing Address:**

**FEI Number:** 65-0422935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYRD, EDNA D  
2500 DAVIS BLVD.  
PO BOX 883  
ALVA, FL 33920 US

**Name and Address of New Registered Agent:**

BYRD, EDNA D  
2500 DAVIS BLVD.  
ALVA, FL 33920 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BYRD, ROBERT E  
Address: P.O. BOX 883 N/A  
City-St-Zip: ALVA, FL

Title: STD ( ) Delete  
Name: BYRD, EDNA D  
Address: P.O. BOX 883 N/A  
City-St-Zip: ALVA, FL

Title: VD ( ) Delete  
Name: RAYBURN, PATRICIA  
Address: 8086 HECK LANE  
City-St-Zip: N. FT. MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BYRD, ROBERT E  
Address: 2500 DAVIS BLVD  
City-St-Zip: ALVA, FL 33920

Title: STD (X) Change ( ) Addition  
Name: BYRD, EDNA D  
Address: 2500 DAVIS BLVD  
City-St-Zip: ALVA, FL 33920

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: ROBERT E. BYRD

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date