

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 023 ****70.00

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1. Entity Name
 UPPER ROOM DELIVERANCE MINISTRIES, INC.



Principal Place of Business
 135-W. 12TH STREET
 RIVIERA BEACH, FL 33407

Mailing Address
 P.O. BOX 530791
 LAKE PARK, FL 33403

2. Principal Place of Business - No P.O. Box #
 361-W. 29TH Street

3. Mailing Address
 Suite, Apt. #, etc.


City & State
 Riviera Beach Fla

City & State

Zip
 33404

Country
 US

60003404



01082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

STEWART, ETHA MAE
 361 W. 29TH STREET
 RIVIERA BEACH, FL 33404

4. FEI Number
 82-0550641

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 *Etha M Stewart* DATE 1/12/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 D	STEWART, ETHA M 361-W. 29TH STREET RIVIERA BEACH, FL 33404	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	STEWART, BETTY 812 FOSTERIA DRIVE LAKE PARK, FL 33403	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	STEWART, ISIAH 225 HAWTHORNE DR. LAKE PARK, FL 33403	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Etha M Stewart* DATE: 1/12/07 - 561-844-9064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR