


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90086 014 \*\*\*\*70.00

2/37

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

**DOCUMENT # N02000005576**  
 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  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**82-0550641**

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

6. Name and Address of Current Registered Agent  
**STEWART, ETHA MAE  
 361-N. 29TH STREET  
 RIVIERA BEACH FL 33404**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
 Name: **STEWART ETHA MAE**  
 Street Address (P.O. Box Number is Not Acceptable): **361 West 29th Street**  
 City: **RIVIERA BEACH FL** Zip Code: **33404**

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, ETHA M</b>	
STREET ADDRESS	<b>361-W. 29TH STREET</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, BETTY</b>	
STREET ADDRESS	<b>812 FOSTERIA DRIVE</b>	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, ISIAH</b>	
STREET ADDRESS	<b>225 HAWTHORNE DR.</b>	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Isiah Stewart* Date: 11/30/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)