


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000006037
 1. Entity Name
UNIVERSAL DELIVERANCE CHURCH OF MIAMI INC.



Principal Place of Business Mailing Address
3800 NW 186TH ST. **3800 NW 186TH ST.**
MIAMI, FL 33054 **MIAMI, FL 33054**



03052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, BARBARA
3800 NW 186TH ST.
MIAMI, FL 33054

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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 PAUL T. CHESSON DATE 3-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, BARBARA
STREET ADDRESS	3800 NW 186TH ST.
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	VD
NAME	CHESSON, PAULA T
STREET ADDRESS	20430 NW 22ND AVE.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	S
NAME	REED, GAIL
STREET ADDRESS	1121 NW 51 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	TD
NAME	WILLIAMS, RHONDILYN R
STREET ADDRESS	20810 NW 17TH AVE., APT. 220
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	D
NAME	BURNS, THELMA
STREET ADDRESS	3078 NW 60TH ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000459136
 03/18/06-80020-001 70.00

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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: Paul T. Chesson Date 3-6-06 Daytime Phone # 1800-955-7635 x172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR