

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006037

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNIVERSAL DELIVERANCE CHURCH OF MIAMI INC.

Current Principal Place of Business:

3800 NW 186TH ST.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

3800 NW 186TH ST.
MIAMI, FL 33054

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BARBARA
3800 NW 186TH ST.
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, BARBARA
Address: 3800 NW 186TH ST.
City-St-Zip: MIAMI, FL 33054

Title: VD () Delete
Name: CHESSON, PAULA T
Address: 20430 NW 22ND AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: S () Delete
Name: REED, GAIL
Address: 1121 NW 51 STREET
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: WILLIAMS, RHONDILYN R
Address: 20810 NW 17TH AVE., APT. 220
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: BURNS, THELMA
Address: 3078 NW 60TH ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA WILLIAMS

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date