

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90090 020 ****70.00

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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 135 West 12th St Suite, Apt. #, etc. Riviera Bch City & State FLA Zip 33407		3. Mailing Address P.O. Box 530791 Suite, Apt. #, etc. Lake Park City & State FLA Zip 33403	
4. FEI Number 82-0550641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01112005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent STEWART, ETHA MAE 361 W. 29TH STREET RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name <u>MRS Etha Mae Stewart</u> Street Address (P.O. Box Number is Not Acceptable) <u>361 W. 29th Street</u> City <u>Riviera Beach FL</u> Zip Code <u>33404</u>	
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 <u>Pastor Etha Stewart</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEWART, ETHA M 361-W. 29TH STREET RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PASTOR Etha M. Stewart 361 W. 29th Street Riviera Beach FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEWART, BETTY 812 FOSTERIA DRIVE LAKE PARK, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Betty Stewart 812 Foresteria Drive Lake Park FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEWART, ISIAH 225 HAWTHORNE DR. LAKE PARK, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Isiah Stewart 225 Hawthorne Dr Lake Park FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Pastor Etha Stewart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	