

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|   |   |
|---|---|
| <b>DOCUMENT # N02000005576</b>                            |  |
| 1. Entity Name<br>UPPER ROOM DELIVERANCE MINISTRIES, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>135-W. 12TH STREET<br>RIVIERA BEACH, FL 33407 | Mailing Address<br>P.O. BOX 530791<br>LAKE PARK, FL 33403 |
|--|---|


|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br>361-W. 29TH Street | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

|                                   |              |
|-----------------------------------|--------------|
| City & State<br>Riviera Beach FLA | City & State |
|-----------------------------------|--------------|

|              |               |     |         |
|--------------|---------------|-----|---------|
| Zip<br>33404 | Country<br>US | Zip | Country |
|--------------|---------------|-----|---------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                    |  |
| STEWART, ETHA MAE<br>361 W. 29TH STREET<br>RIVIERA BEACH, FL 33404 |  |

60003404



01082007 Chg-NP CR2E037 (12/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>82-0550641   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEWART, ETHA M<br>361-W. 29TH STREET<br>RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEWART, BETTY<br>812 FOSTERIA DRIVE<br>LAKE PARK, FL 33403 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STEWART, ISIAH<br>225 HAWTHORNE DR.<br>LAKE PARK, FL 33403 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 DAYTIME PHONE: 561-844-9064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR