

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

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

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

DOCUMENT # NO2000005576

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0550641

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, ETHA MAE

381-N. 29TH STREET

RIVIERA BEACH FL 33404

Name

Stewart Etha MAE

Street Address (P.O. Box Number is Not Acceptable)

381 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete

NAME STEWART, ETHA M
STREET ADDRESS 381-W. 29TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Delete

NAME STEWART, BETTY
STREET ADDRESS 812 FOSTERIA DRIVE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Delete

NAME STEWART, ISIAH
STREET ADDRESS 225 HAWTHORNE DR.
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

ETHA MAE STEWART

11/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)