2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005727

FILED Apr 27, 2008 Secretary of State

Entity Name: UPPER ROOM DELIVERANCE TABERNACLE INC

Current Principal Place of Business: New Principal Place of Business: 313 STATE RD 7 313 SOUTH STATE RD 7 PLANTATION, FL 33317 PLANTATION, FL 33317 US LIS **Current Mailing Address: New Mailing Address:** 5253 NW 54TH AVENUE COCONUT CREEK, FL 33073 US FEI Number: 32-0029237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVER, LEV A PASTOR 5253 NW 54TH AVENUE COCONUT CREEK, FL 33073 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition OLIVER, LEV OLIVER, LEV Name: Name: 5711 TUSCANY TERR Address: 5253 NW 54TH Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: COCONUT CREEK, FL 33073 US Title: () Delete Title: () Change () Addition FENDER, JANET Name: Name: Address: 3520 SW 12TH CT Address: City-St-Zip: FT LAUDERDALE, FL 33312 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BENNETT, CLAUDIA MARIE, MOORE Name: Name: 3520 NW 50TH AVE Address: Address: 2911 NW 106TH AVE City-St-Zip: LAUDERDALE LAKES, FL 33319 US City-St-Zip: CORAL SPRINGS, FL 33065 US Title: VΡ () Delete Title: (X) Change () Addition Name: OLIVER, NATASHA Name: OLIVER, NATASHA **5711 TUSCANY TERRACE** Address: Address: 5253 NW 54TH AVE City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: COCONUT CREEK, FL 33073 US Title: () Delete Title: () Change () Addition BROWN, TANIEL Name: Name: 6801 ENVIRON BLVD Address: Address: LAUDERHILL, FL 33319 US City-St-Zip: 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: LEV OLIVER P 04/27/2008