

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000541

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** UPPER ROOM DELIVERANCE MINISTRY INC

**Current Principal Place of Business:**

2351 HONEY DR  
LAKELAND, FL 33801

**New Principal Place of Business:**

1500 COMBEE ROAD SOUTH  
LAKELAND, FL 33801

**Current Mailing Address:**

P.O. BOX 2478  
EATON PARK, FL 338402478

**New Mailing Address:**

**FEI Number:** 27-1012743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAYS, VONTRICIA  
2351 HONEY DR  
LAKELAND, FL 33801 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  
Name: MAYS, SANTOS T  
Address: 2351 HONEY DR  
City-St-Zip: LAKELAND, FL 33801

Title: P  
Name: MAYS, VONTRICIA  
Address: 2351 HONEY DR  
City-St-Zip: LAKELAND, FL 33801

Title: T  
Name: STOUTAMIRE, ALCIA  
Address: 530 GARDEN DR N  
City-St-Zip: LAKELAND, FL 33813

Title: S  
Name: YARDE, SHARON  
Address: 841 E LOWELL ST  
City-St-Zip: LAKELAND, FL 33805

I hereby 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 all other like empowered.

SIGNATURE: VONTRICIA MAYS

P

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date