2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004562

FILED Apr 27, 2009 Secretary of State

Entity Name: UNITED DELIVERANCE COMMUNITY RESOURCE CENTER, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3600 BRC WEST PA	ADWAY LM BEACH, F	L 33407			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX WEST PA	8005 LM BEACH, F	L 33407			
FEI Number	: 65-0934270	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
The above	STREET LM BEACH, F		e purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address:) Delete NK STREET	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	CD (WILSON, FRAI 1473 W 28TH RIVIERA BEAC) Delete NK STREET CH, FL 33404) Delete ATTHEW H STREET	Title: Name: Address:		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	CD (WILSON, FRAI 1473 W 28TH RIVIERA BEAC VCD (WILLIAMS, MA 741 WEST 6TH RIVIERA BEAC TD (LOWERY, SAE 1745 DREXEL) Delete NK STREET CH, FL 33404) Delete ATTHEW H STREET CH, FL 33404) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CD (WILSON, FRAI 1473 W 28TH RIVIERA BEAC VCD (WILLIAMS, MA 741 WEST 6TH RIVIERA BEAC TD (LOWERY, SAI 1745 DREXEL WEST PALM E) Delete NK STREET CH, FL 33404) Delete ATTHEW H STREET CH, FL 33404) Delete DIE RD APT. #308 BEACH, FL 33417) Delete DETTA A STREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: SANDRA J. WHITE E. D 04/27/2009