

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-11-2000 90282 048 ****61.25

DOCUMENT # 767170

1. Entity Name

UPPER ROOM MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

2042 SHADOW PINE DRIVE
 BRANDON FL 33511

Mailing Address

2042 SHADOW PINE DRIVE
 BRANDON FL 33511-6341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2311563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEORGGI PHILIP
219 BRANDON TOWN CENTER
BRANDON FL 33511

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **BLOMGREN, DAVID**
 STREET ADDRESS **1316 PEACHFIELD DRIVE**
 CITY-ST-ZIP **VALRICO FL**

TITLE **Director** Change Addition
 NAME **STAHL, DANIEL**
 STREET ADDRESS **2849 Timber Knoll Dr.**
 CITY-ST-ZIP **VALRICO, FLORIDA 33594**

TITLE **PD** Delete
 NAME **GEORGGI, PHILIP**
 STREET ADDRESS **919 E. BLOOMINGDALE AVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **GEORGGI, NATHANAEL** Change Addition
 NAME **2042 SHADOW PINE DRIVE**
 STREET ADDRESS **BRANDON, FL 33511**
 CITY-ST-ZIP **FL 33511**
 TITLE **FOUNDER, CHAIRMAN**

TITLE **D** Delete
 NAME **DAVIS, KENT**
 STREET ADDRESS **3920 S. KINGS AVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BISPAM, BARBARA**
 STREET ADDRESS **401 OVERLAND DR.**
 CITY-ST-ZIP **BRANDON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ROBEEL, SUZAN, G**
 STREET ADDRESS **722 CHILT DR**
 CITY-ST-ZIP **BRANDON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ELSEED, EMAN**
 STREET ADDRESS **11561 WELLMAN DR**
 CITY-ST-ZIP **RIVERVIEW FL**

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:

NO SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000
 Date

(813)654-8743
 Daytime Phone #