

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 038 ****61.25

DOCUMENT # 767170

1. Entity Name

UPPER ROOM MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2042 SHADOW PINE DRIVE
 BRANDON FL 33511

2042 SHADOW PINE DRIVE
 BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

~~11561 Wellman Drive~~

11561 Wellman Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11561 Wellman Drive



DO NOT WRITE IN THIS SPACE

City & State
 River View, FL

City & State
 Riverview, FLA

4. FEI Number
 59-2311563

Applied For
 Not Applicable

Zip Country
 33569 Hills

Zip Country
 33569 Hills

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

GEORGGI PHILIP
 219 BRANDON TOWN CENTER
 BRANDON FL 33511

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: *Georggi Philip* President

4/25/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, DANIEL 2849 TIMBER KNOLL DR. VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGGI, PHILIP 919 E. BLOOMINGDALE AVE BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KENT 3920 S. KINGS AVE BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC GEORGGI, NATHANAEL 2048 SHADOW PINE DR. BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBEEL, SUZAN, G 722 CHILT DR BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELSEED, EMAN 11561 WELLMAN DR RIVERVIEW FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Georggi Philip* President 4/25/02 8136533124

CR2E037 (9/01)