

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767170

FILED
Feb 15, 2009
Secretary of State

Entity Name: UPPER ROOM MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

11561 WELLMAN DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

11561 WELLMAN DRIVE
RIVERVIEW, FL 33578

Current Mailing Address:

11561 WELLMAN DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

11561 WELLMAN DRIVE
RIVERVIEW, FL 33578

FEI Number: 59-2311563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGGI PHILIP
219 BRANDON TOWN CENTER
BRANDON, FL 33511 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: D () Delete
Name: STAHL, DANIEL
Address: 2849 TIMBER KNOLL DR.
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: GEORGGI, PHILIP,
Address: 219 BRANDON TOWN CENTER
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: DAVIS, KENT
Address: 3920 S. KINGS AVE
City-St-Zip: BRANDON, FL 33511

Title: FC () Delete
Name: GEORGGI, NATHANAEAL
Address: 219 BRANDON TOWN CENTER
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: ROBEEL, SUZAN, G,
Address: 722 CHILT DR
City-St-Zip: BRANDON, FL 33511

Title: TD () Delete
Name: ELSEED, EMAN
Address: 11561 WELLMAN DR
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EMAN ELSEED

TD

02/15/2009

Electronic Signature of Signing Officer or Director

Date