

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767170

FILED  
Mar 13, 2011  
Secretary of State

**Entity Name:** UPPER ROOM MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

11561 WELLMAN DRIVE  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

11561 WELLMAN DRIVE  
RIVERVIEW, FL 33578

**New Mailing Address:**

**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  
Name: GREETHER, DANIEL  
Address: 12314 N FAIRWOOD DR  
City-St-Zip: SPOKAN, WA 99218

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

Title: D  
Name: WHITE, ROBERT  
Address: 757 EAGLE POINT DR  
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: FC  
Name: GEORGGI, NATHANAEL  
Address: 219 BRANDON TOWN CENTER  
City-St-Zip: BRANDON, FL 33511

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

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

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: EMAN ELSEED

TD

03/13/2011

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

\_\_\_\_\_  
Date