

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90238 022 \*\*\*\*61.25

**DOCUMENT # 767170**

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

Principal Place of Business  
**11561 WELLMAN DRIVE  
RIVERVIEW FL 33569**

Mailing Address  
**11561 WELLMAN DRIVE  
RIVERVIEW FL 33569**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2311563**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAHL, DANIEL</b> <b>2849 TIMBER KNOLL DR.</b> <b>VALRISO FL 33594</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GEORGGI, PHILIP</b> <b>919 E. BLOOMINGDALE AVE</b> <b>BRANDON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GEORGGI PHILIP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>219 BRANDON TOWN CENTER</b> <b>BRANDON, FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, KENT</b> <b>3920 S. KINGS AVE</b> <b>BRANDON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FC</b> <b>GEORGGI, NATHANAE</b> <b>2048 SHADOW PINE DR.</b> <b>BRANDON FL 33511</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FC</b> <b>GEORGGI Nathanael</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>219 Brandon Town Center</b> <b>BRANDON, FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROBEEL, SUZAN, G</b> <b>722 CHILT DR</b> <b>BRANDON FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ELSEED, EMAN</b> <b>11561 WELLMAN DR</b> <b>RIVERVIEW FL</b>	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 4/20/03 813-653-3124

CR2E037 (10/02)