

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28376** (4)

1. Corporation Name

THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, INC.



Principal Place of Business

Mailing Address

**705 WEST JEFFERSON STREET
C/O TIMOTHY F. JONES
TALLAHASSEE FL 32304**

**705 WEST JEFFERSON STREET
C/O TIMOTHY F. JONES
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0704741

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, TIMOTHY F.
705 WEST JEFFERSON STREET
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of person or persons designated as registered agent in this statement

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD FRITCHMAN, W.P.**
STREET ADDRESS **2413 TAMARAC AVE.**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD TINDALE, ROBERT**
STREET ADDRESS **2800 SHAMROCK SOUTH**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD MAY, DON**
STREET ADDRESS **3048 HUNTINGTON BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D J.C. POWELL**
STREET ADDRESS **705 W. JEFFERSON ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MAXWELL, WAYNE**
STREET ADDRESS **2209 YAUPON DR**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D JONES, TIMOTHY F.**
STREET ADDRESS **705 W JEFFERSON ST**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 1996 222-0257
Date: Time: Phone #

CR2E037 (12/95)