FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

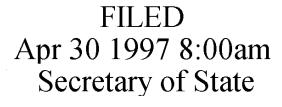
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28

28376

(4)

THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, IN





Principal Place of Business Mailing Address							
705 WEST JE	FFERSON STREET Y F. JONES	705 WEST JEFFERSON STREET C/O TIMOTHY F. JONES					
TALLAHASSEE	E FL 32304	TÄLLAHASSEE FL 32304-76	UI		3. Date Incorporated or Qualified 09/15/1988	3a. Date of La 04/01/	ist Report 1996
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-0704741	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	J	intry	8. This corporation has liability for i		ler s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Hegistered Agent		81 Name	10. Name and Address of New Re	Jistered Agent	
			1	Name			
JONES, TIMOTHY F.				82 Street Address (P.O. Box Number is Not Acceptable)			
	est Jefferson Street Hassee FL 32304			83			······································
INLLA	TASSEE PL 32304			84 City		85	Zip Code
					poration submits this statement for the p	FL	
SIGNATURE	Signature, typed or printed name of published age	en and title # applicable. (NOT ID DIRECTORS	E: Registere	d Agent signature requ	lired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TI	YLE		☐ Cha	
NAME	FRITCHMAN, W.P.		1.2 N	AME			
STREET ADDRESS	•		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	Delege		TY-ST-ZIP			
TITLE	VD TINDALE, ROBERT	☐ DELETE	2.1 []	i		Chai	nge 🔲 Additio
NAME STREET ADDRESS	AAAA ALLAMBAAD AALITU		2.2 N	ireet address		•	
CITY - ST - ZIP	TALLAHASSEE FL			ITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TJ			Cha	nge 🔲 Additio
NAME	MAY, DON		32 N	AME			
STREET ADDRESS			3.3 \$	TREET ADDRESS			
CITY-SI-ZIP	TALLAHASSEE FL	Dr. PTF		ITY-ST-ZIP		1 1 6	Adam
TITLE	J.C. POWELL	☐ DELETE	4.11(L_ Cha	nge 🔲 Additio
NAME STREET ADDRES	TAT IN ICCCOMMON OF		4.2 N	TREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304			ITY-ST-ZIP			
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NAME	MAXWELL, WAYNE	-	5.2 N)		. —	
STREET ADDRESS	s 2209 YAUPON DR		5.3 \$	REET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		5.4 0	ITY - ST - ZIP			
TITLE	D	☐ DELETE	6.1 Ti	TLE		Cha	nge 🔲 Additio
NAME	JONES, TIMOTHY F.		6.2 N	ame			
STREET ADDRESS	1			TREET ADDRESS			
City of 7th	TALLAHASSEE FL		E 640	7V 67 9m			

14. I do 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 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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Daytime Phone # 0006181