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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

705 WEST JEFFERSON STREET  
C/O TIMOTHY F. JONES  
TALLAHASSEE FL 32304-7601

3. Date Incorporated or Qualified  
09/15/1988

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-0704741

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008181

CR2E037 (9/96)