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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

09/15/1988

4. FEI Number

59-0704741

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD FRITCHMAN, W.P.
2413 TAMARAC AVE.
TALLAHASSEE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD TINDALE, ROBERT
2800 SHAMROCK SOUTH
TALLAHASSEE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD MAY, DON
3048 HUNTINGTON BLVD.
TALLAHASSEE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D J.C. POWELL
705 W. JEFFERSON ST.
TALLAHASSEE FL 32304

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MAXWELL, WAYNE
2209 YAUPON DR
TALLAHASSEE FL

DELETE


TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JONES, TIMOTHY F.
705 W JEFFERSON ST
TALLAHASSEE FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JONES, TIMOTHY F.
705 W JEFFERSON ST
TALLAHASSEE FL

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000135

CR2E037 (10/97)