

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28376

1. Entity Name

THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, IN

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 32304-8015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0704741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☐ Change ☒ Addition
NAME Wilson, Rich (Rev.)
STREET ADDRESS 4015 Quail Roost Dr.
CITY-ST-ZIP Quincy, FL 32351

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME TALTON, BARBARA
STREET ADDRESS 3207-1 SHAMROCK E
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE TD ☒ Change ☐ Addition
NAME Fritchman, Bill
STREET ADDRESS 880 Tamarac Ave.
CITY-ST-ZIP Tallahassee, FL 32303

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

TITLE D ☐ Change ☒ Addition
NAME Charles Weaver (Rev.)
STREET ADDRESS P.O. Box 13766
CITY-ST-ZIP Tallahassee, FL 32315-3545

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

TITLE D ☐ Change ☒ Addition
NAME Morphonios, Dean
STREET ADDRESS 1321 Blockford Ct. W.
CITY-ST-ZIP Tallahassee, FL 32311

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Timothy F. Jones

Date

(850) 222-0251

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90038 036 ****61.25



DO NOT WRITE IN THIS SPACE