

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2002 8:00 am**
Secretary of State

05-12-2002 90714 001 ***122.50

DOCUMENT # N28376

1. Entity Name

**THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, IN
C.**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0704741

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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
NAME WILSON, RICH REV
STREET ADDRESS 4015 QUAIL ROOST DR
CITY-ST-ZIP QUINCY FL 32351 ☐ DeleteTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 497 Quail Roost Dr.
CITY-ST-ZIP Quincy, FL 32352TITLE VD
NAME GEIGER, CLAUDE
STREET ADDRESS 3048 CORRIE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ DeleteTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2926 Giverny Circle
CITY-ST-ZIPTITLE TD
NAME FRITCHMAN, BILL
STREET ADDRESS 880 TAMARAC AVE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD
NAME WEAVER, CHARLES REV
STREET ADDRESS PO BOX 13766
CITY-ST-ZIP TALLAHASSEE FL 32315 ☐ DeleteTITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D
NAME DEVORE, T.
STREET ADDRESS 1350 E4 MAHAN DRIVE #101
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DeleteTITLE D
NAME Hodges, David Rev.
STREET ADDRESS PO Box 307
CITY-ST-ZIP Monticello, FL 32344 ☐ Change ☒ AdditionTITLE D
NAME JONES, TIMOTHY F.
STREET ADDRESS 705 W JEFFERSON ST
CITY-ST-ZIP TALLAHASSEE FL ☐ DeleteTITLE ☐ 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy F. Jones 4/26/02 (850) 222-0251

Date

Daytime Phone #

CR2E037 (9/01)