# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004**
**Secretary of State**

DOCUMENT# N28376

**Entity Name:** THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, INC.

**Current Principal Place of Business:**

705 WEST JEFFERSON STREET
C/O VANCE RAINS
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

705 WEST JEFFERSON STREET
C/O VANCE RAINS
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number: 59-0704741** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANCE, RAINS
705 W JEFFERSON ST
TALLAHASSEE, FL 32304

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GEIGER, CLAUDE
Address: 2926 GIVERNY CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete
Name: FRITCHMAN, BILL
Address: 880 TAMARACLE AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: WEAVER, CHARLES REV
Address: PO BOX 13766
City-St-Zip: TALLAHASSEE, FL 32315

Title: D ( ) Delete
Name: HODGES, DAVID REV.
Address: PO BOX 307
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete
Name: VANCE RAINS,
Address: 705 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FRITCHMAN, BILL
Address: 880 TAMARAK AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change ( ) Addition
Name: POST, STEVE
Address: 7039 ALHAMBRA DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: S (X) Change ( ) Addition
Name: HOLLADY, TANYA
Address: 276 STARMOUNT DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Change ( ) Addition
Name: PARRISH, NORMA
Address: 2405 SAN PEDRO
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANCE RAINS REV 04/30/2004
Electronic Signature of Signing Officer or Director — Date