


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90004 026 ****61.25

DOCUMENT # N28376 1. Entity Name THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, INC.	
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Principal Place of Business 705 WEST JEFFERSON STREET C/O VANCE RAINS TALLAHASSEE, FL 32304	Mailing Address 705 WEST JEFFERSON STREET C/O VANCE RAINS TALLAHASSEE, FL 32304
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20061063



06272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0704741	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VANCE, RAINS 705 W JEFFERSON ST TALLAHASSEE, FL 32304
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRITCHMAN, BILL 880 TAMARAK AVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POST, STEVE 7039 ALHAMBRA DR TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLLADY, TANYA 276 STARMOUNT DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PARRISH, NORMA 2405 SAN PEDRO TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANCE RAINS 705 W JEFFERSON ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

6-27-05 850-222-0251