2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28376

FILED May 02, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 705 WEST JEFFERSON STREET C/O VANCE RAINS TALLAHASSEE, FL 32304 **New Mailing Address: Current Mailing Address:** 705 WEST JEFFERSON STREET C/O VANCE RAINS TALLAHASSEE, FL 32304 FEI Number: 59-0704741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VANCE, RAINS 705 W JEFFERSON ST TALLAHASSEE, FL 32304 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FRITCHMAN, BILL COOK, WAYNE REV. Name: Name: 880 TAMARAK AVE Address: 120 WEST PARK AVENUE Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32301 Title: (X) Delete Title: () Change () Addition Name: POST, STEVE Name: Address: 7039 ALHAMBRA DR Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: () Change () Addition HOLLADY, TANYA Name: Name: 276 STARMOUNT DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PARRISH, NORMA Name: HUGGINS, SALLY 2405 SAN PEDRO 1146 GREEN HILL TRACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: () Change () Addition VANCE RAINS, Name: Name: 705 W JEFFERSON ST Address: Address: TALLAHASSEE, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 C. RAINS REV 05/02/2006