2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
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 TIMOTHY F. JONES
TALLAHASSEE, FL 32304

New Principal Place of Business:

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

Current Mailing Address:

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

New 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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VANCE, RAINS
705 W JEFFERSON ST
TALLAHASSEE, FL 32304

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: RAINS, VANCE 05/01/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: WILSON, RICH REV
Address: 497 QUAIL ROOST DRIVE
City-St-Zip: QUINCY, FL 32352

Title: VD ( ) 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: JONES, TIMOTHY F.,
Address: 705 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 D 05/01/2003
Electronic Signature of Signing Officer or Director Date