

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **754231** (9)

1. Corporation Name  
**FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.**



Principal Place of Business: P.O. BOX 2332, OCALA FL 34478  
Mailing Address: P.O. BOX 2332, OCALA FL 34478

3. Date Incorporated or Qualified: **09/18/1980**  
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **58-9104701**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **KELLY, LINDA A. 5041 NE 4TH STREET OCALA FL 34470**  
10. Name and Address of New Registered Agent: 81 Name: **Catherine Dixon**  
82 Street Address (P.O. Box Number is Not Acceptable): **16701 S.E. 23 Ave.**  
83 City: **Summerfield** FL 85 Zip Code: **34491**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Catherine Dixon* Catherine Dixon, Treasurer DATE: 3-18-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD	AUSTIN, SHIRLEY 3479 N.W. 20TH ST. OCALA FL 34475	1.1 TITLE: PD	Robert Draper 2225 N.W. 65 Street Ocala, FL 34475
NAME: DRAPER, ROBERT	2703 SE 59TH PLACE OCALA FL	2.1 TITLE: VD	Gracie Palc 12173 S.E. 85 Court Bellevue, FL 34420
STREET ADDRESS: KELLY, LINDA	5041 NE 4TH ST. OCALA FL 34470	3.1 TITLE: TD	Catherine Dixon 16701 S.E. 23 Avenue Summerfield, FL 34491
CITY - ST - ZIP: KNAPP, LINDA	4610 NE 12TH ST OCALA FL	4.1 TITLE:	
TITLE: SD	CHISHOLM, BRENDA PO BOX 693 ANTHONY FL	5.1 TITLE:	
NAME: HOWARD, HESTER	1600 NW 120TH AVE OCALA FL	6.1 TITLE:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Catherine Dixon* Catherine Dixon DATE: 3-18-96 (352) 307-0289

CR2E037 (12/95)