

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: 16701 S.E. 23 Ave., 83, 84 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	1.1 TITLE: PD	Robert Draper
STREET ADDRESS: 3479 N.W. 20TH ST.	OCALA FL 34475	1.2 NAME: Robert Draper	2225 N.W. 65 Street
CITY-ST-ZIP: OCALA FL 34475		1.3 STREET ADDRESS: 2225 N.W. 65 Street	Ocala, FL 34475
TITLE: VD	DRAPER, ROBERT	1.4 CITY-ST-ZIP: Ocala, FL 34475	
STREET ADDRESS: 2703 SE 59TH PLACE	OCALA FL	2.1 TITLE: VD	Gracie Palc
CITY-ST-ZIP: OCALA FL		2.2 NAME: Gracie Palc	12173 S.E. 85 Court
TITLE: TD	KELLY, LINDA	2.3 STREET ADDRESS: 12173 S.E. 85 Court	Bellevue, FL 34420
STREET ADDRESS: 5041 NE 4TH ST.	OCALA FL 34470	2.4 CITY-ST-ZIP: Bellevue, FL 34420	
CITY-ST-ZIP: OCALA FL 34470		3.1 TITLE: TD	Catherine Dixon
TITLE: SD	KNAPP, LINDA	3.2 NAME: Catherine Dixon	16701 S.E. 23 Avenue
STREET ADDRESS: 4610 NE 12TH ST	OCALA FL	3.3 STREET ADDRESS: 16701 S.E. 23 Avenue	Summerfield, FL 34491
CITY-ST-ZIP: OCALA FL		3.4 CITY-ST-ZIP: Summerfield, FL 34491	
TITLE: SD	CHISHOLM, BRENDA	4.1 TITLE:	
STREET ADDRESS: PO BOX 693	ANTHONY FL	4.2 NAME:	
CITY-ST-ZIP: ANTHONY FL		4.3 STREET ADDRESS:	
TITLE: D	HOWARD, HESTER	4.4 CITY-ST-ZIP:	
STREET ADDRESS: 1600 NW 120TH AVE	OCALA FL	5.1 TITLE:	
CITY-ST-ZIP: OCALA FL		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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)