

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90150 040 ****61.25

0070626

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754231

1. Corporation Name

FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.

431459 - 90150 - 40

Principal Place of Business

P.O. BOX 2332 Ocala FL 34478

Mailing Address

P.O. BOX 2332 Ocala FL 34478



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-9104701

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELC, GRACIE 12173 S E 85TH CT BELLEVIEW FL 34420

81 Name

Catherine Dixon

82 Street Address (P.O. Box Number is Not Acceptable)

16701 SE 23 Ave.

83

Summerfield

84 City

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, Treasurer

April 10, 1999

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD DRAPER, ROBERT 2225 NW 65 STREET Ocala FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VD ALFORD, JANICE 2016 S E 5TH ST Ocala FL 34471

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

T PELC, GRACIE 12173 S E 85TH CT BELLEVIEW FL 34420

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

SD BINGEMANN, DORIE 7895 S W 10TH ST Ocala FL 34474

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D HOWARD, HESTER 1600 NW 120TH AVE Ocala FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

DELETED

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine Dixon, Treasurer 4/10/99 (352)307-0289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)