

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754231

FILED
Sep 05, 2006
Secretary of State

Entity Name: FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.

Current Principal Place of Business:

4566 SW 100TH STREET
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

4566 SW 100TH STREET
OCALA, FL 34476

New Mailing Address:

FEI Number: 58-9104701 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:

MILLER, KIM
7535 SW 19 TH PLACE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MILLER, KIM
4566 SW 100TH ST
OCALA, FL 34476 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

09/05/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, KIM
Address: 4566 SW 100TH ST
City-St-Zip: Ocala, FL 34476

Title: VD () Delete
Name: STOVALL, ELAINE
Address: 11116 SW 110TH AVE
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: SCHAUT, DIANA
Address: 13319 NE 165TH STREET
City-St-Zip: FT MCCOY, FL 32134

Title: S () Delete
Name: BETSCH, TRACY
Address: 13613 SW 33RD CIRCLE
City-St-Zip: Ocala, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHAUT, DIANA
Address: 13319 NETH 165TH ST
City-St-Zip: FT MCCOY, FL 32134

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

Title: T (X) Change () Addition
Name: MILLER, KIM
Address: 4566 SW 100TH ST
City-St-Zip: Ocala, FL 34476

Title: () Change () Addition
Name:
Address:
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: KIM MILLER

Electronic Signature of Signing Officer or Director

T

09/05/2006

Date