FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 759803 (0)

1. Corporation Name
CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1283 INVERNESS FL 32652	P.O. BOX 1283 INVERNESS FL 32652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1981
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2858475 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 34451 Country: 25	Zip: 29 34451 Country: 30

9. Name and Address of Current Registered Agent

COATES, HAROLD P.
1421 W HIGHLANDS BLVD.
INVERNES FL 34452

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harold P. Coates
(Signature of [typed or printed] name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
				☐ Change ☐ Addition
TITLE	PD	1.1 TITLE		
NAME	COATES, HAROLD PL	1.2 NAME		
STREET ADDRESS	1421 W HIGHLANDS BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	LOVENGUTH, ELLEN	2.2 NAME	[redacted] BARNES, ANDREW	
STREET ADDRESS	5011 S AUSTIN PT.	2.3 STREET ADDRESS	3735 E TURQUOISE Dr	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, GARY D.	3.2 NAME		
STREET ADDRESS	4595 S. ROBERT BLAKE AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	HUNSINGER, JOANN	4.2 NAME	SMITH, DEBRA	
STREET ADDRESS	4440 W HOMOSASS TRAIL	4.3 STREET ADDRESS	1357 W. MOSSWOOD LN	
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	DUNNELLON, FL 34434	
TITLE	SD	5.1 TITLE	D	☑ Change ☐ Addition
NAME	HARDY, NANCY	5.2 NAME	HUNSINGER, LEONARD	
STREET ADDRESS	9295 E MOCCASIN SLOUGH RD	5.3 STREET ADDRESS	4440 W. HOMOSASSA TRAIL	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	LOVENGUTH, STEVEN	6.2 NAME	ENGEL, JULIE	
STREET ADDRESS	5011 S AUSTIN PT.	6.3 STREET ADDRESS	5073 W. EMY CT	
CITY-ST-ZIP	HOMOSASSA FL	6.4 CITY-ST-ZIP	DUNNELLON, FL 34433	

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary D Gross GARY D. GROSS 1-24-95 904-746-5132
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0004075