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 # 759803 (0)

1. Corporation Name

CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1283 INVERNESS FL 34451 US	P.O. BOX 1283 INVERNESS FL 34451 US

3. Date Incorporated or Qualified: 08/26/1981

3a. Date of Last Report: 02/16/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: GROSS, GARY D

82 Street Address (P.O. Box Number is Not Acceptable): 4595 S. ROBERT BLAKE AV

83:

84 City: INVERNESS FL 85 Zip Code: 34452

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: Gary D. Gross — GARY D. GROSS — 1/17/96

Signature, 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		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	COATES, HAROLD PL		1.2 NAME	GROSS, MIRIAM E.	
STREET ADDRESS	1421 W HIGHLANDS BLVD.		1.3 STREET ADDRESS	4595 S. ROBERT BLAKE AV	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BARNES, ANDREW		2.2 NAME	HUNSINGER, LEONARD	
STREET ADDRESS	3735 E. TURQUOISE DR.		2.3 STREET ADDRESS	4440 W. HOMOSASSA TRAIL	
CITY-ST-ZIP	HERNANDO FL		2.4 CITY-ST-ZIP	LECANTO FL 34461	
TITLE	TD	☐ DELETE	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	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	SMITH, DEBRA		4.2 NAME	ALDEN, JUDY D.	
STREET ADDRESS	1357 W. MOSSWOOD LANE		4.3 STREET ADDRESS	5971 N. ROSEBARK WAY	
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	D	☒ DELETE	5.1 TITLE	[illegible] D	☐ Change ☒ Addition
NAME	HUNSINGER, LEONARD		5.2 NAME	COATES, HAROLD P.	
STREET ADDRESS	4440 W. HOMOSASSA TRAIL		5.3 STREET ADDRESS	1421 W. HIGHLAND BLVD	
CITY-ST-ZIP	LECANTO FL		5.4 CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ENGEL, JULIE		6.2 NAME	HUNSINGER, JOANN	
STREET ADDRESS	5073 W. EMY CT.		6.3 STREET ADDRESS	4440 W. HOMOSASSA TRAIL	
CITY-ST-ZIP	DUNNELLON FL		6.4 CITY-ST-ZIP	LECANTO, FL 34461	

CR2E037 (12/95)

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: Gary D. Gross — GARY D. GROSS — 1/17/96 — 352-746 5132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #