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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 1263 INVERNESS FL 34451 US	P.O. BOX 1263 INVERNESS FL 34451 US

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

4. FEI Number: 59-2858475 ☐ Applied For ☐ Not Applicable

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 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COATES, HAROL P.
1421 W HIGHLAND BLVD
INVERNESS FL 34452

10. Name and Address of New Registered Agent

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

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 _____ DATE
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		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	BARNES, STACY		1.2 NAME	GROSS, MIRIAM G	
STREET ADDRESS	3735 E TURQOISE DR		1.3 STREET ADDRESS	4595 ROBERT BLAKE AVE.	
CITY-ST-ZIP	HERNANDO FL		1.4 CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	VD	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	COGSWELL, JUDY		2.2 NAME	~~TERRIANN~~ STEWART, TERRIANN	
STREET ADDRESS	7772 N MOONWIND TERR		2.3 STREET ADDRESS	9761 E. GOLDFINCH LANE	
CITY-ST-ZIP	DUNNELLON FL		2.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	GROSS, GARY D.		3.2 NAME	COATES, HAROLD P.	
STREET ADDRESS	4595 S. ROBERT BLAKE AVE.		3.3 STREET ADDRESS	1421 W. HIGHLAND BLVD	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUDDENIS, DEBRA		4.2 NAME		
STREET ADDRESS	7429 S BRADLEY PT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LELANTO FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GROSS, MIRIAM E.		5.2 NAME	BARNES, STACEY	
STREET ADDRESS	1421 W. HIGHLAND BLVD.		5.3 STREET ADDRESS	3735 TURQUOISE DR.	
CITY-ST-ZIP	INVERNESS FL		5.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUNSINGER, LEONARD		6.2 NAME		
STREET ADDRESS	4440 W. HOMOSASSA TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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

SIGNATURE: Harold P. Coates 1-23-98 352-637-0343