SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90003 009 ****70.00

DOCUMENT # 759803

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

584646 - 90003 - 9

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

2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/26/1981
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-2858475 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COATES, HAROLD P
1421 W HIGHLAND BLVD
INVERNESS 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 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, MIRIAM E		1.2 NAME		
STREET ADDRESS	4595 ROBERT BLAKE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	STEWART, TERRIANN		2.2 NAME	IRENE HOLMES	
STREET ADDRESS	9761 E GOLDFINCH LN		2.3 STREET ADDRESS	4841 S. MAHOGANY TERRACE	
CITY-ST-ZIP	INVERNESS FL 34450		2.4 CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COATES, HAROLD P		3.2 NAME		
STREET ADDRESS	1421 W HIGHLAND BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34452		3.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	BARNES, STACEY		5.2 NAME		
STREET ADDRESS	3735 TURQUOISE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HUNSINGER, LEONARD		6.2 NAME	ELIZABETH DOERR	
STREET ADDRESS	4440 W. HOMOSASSA TRAIL		6.3 STREET ADDRESS	7383 E. APRIL COURT	
CITY-ST-ZIP	LECANTO FL		6.4 CITY-ST-ZIP	FLORAL CITY, FL 34436	

CR2E037 (5/99)

4. 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, with all other like empowered.

SIGNATURE: Harold P. Coates HAROLD P. COATES 7-6-1999 352-637-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #