2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90075 009 ****70.00

DOCUMENT # 759803

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDEN, DEBORAH L 5820 W PINE CIRCLE CRYSTAL RIVER FL 34429	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, BARBARA 2885 E NORTH STREET INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, BARBARA 5581 S. BURR TERRACE INVERNESS, FL 34452
				☒ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAILEY, DIANNE 920 E HARVARD STREET INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARDEN, DEBORAH L 5820 W PINE CIRCLE CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CSOMBOK, SANDRA 2711 W MYSTERY LANE CITRUS SPRINGS FL 34434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIGAN, WILLIAM 5509 E JASMINE LANE INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COATES, SUZANNE 1421 W HIGHLAND BLVD INVERNESS FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Treas. 1/23/02 (352) 382-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #