2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 759803

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1283
INVERNESS, FL 34451 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1283
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2858475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEN, DEBORAH L
2362 E STONEBROOK DR
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HARRINGTON, WILLIAM	
Address:	5509 E JASMINE LN	
City-St-Zip:	INVERNESS, FL 34453	
Title:	VP	( ) Delete
Name:	BAILEY, DIANNE	
Address:	920 E HARVARD STREET	
City-St-Zip:	INVERNESS, FL 34452	
Title:	T	( ) Delete
Name:	HARDEN, DEBORAH L	
Address:	2362 S STONEBROOK DR	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	SD	( ) Delete
Name:	CSOMBOK, SANDRA	
Address:	2711 W MYSTERY LANE	
City-St-Zip:	CITRUS SPRINGS, FL 34434	
Title:	D	( ) Delete
Name:	LEIGH, DEBORAH	
Address:	5211 S CASTLELAKE AVE	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	HOLMES, IRENE	
Address:	4841 S MAHOGANY TERR	
City-St-Zip:	INVERNESS, FL 34450	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	HARRIGAN, WILLIAM F	
Address:	5509 E JASMINE LN	
City-St-Zip:	INVERNESS, FL 34453	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HARRIGAN P 04/30/2004
Electronic Signature of Signing Officer or Director — Date