

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007465

FILED
Apr 18, 2005
Secretary of State

Entity Name: LAKE COUNTY FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1300 NORTH DUNCAN DRIVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

PO BOX 879
TAVARES, FL 327780879

New Mailing Address:

FEI Number: 56-2391510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVER, EDITH KAREN
22514 COUNTY ROAD 455
HOWEY-IN-THE- HILLS, FL 34737 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: PD () Delete
Name: STOVER, EDITH KAREN
Address: 22514 COUNTY ROAD 445
City-St-Zip: HOEWY-IN-THE-HILLS, FL 34737

Title: VD () Delete
Name: JOHNSON, RONNI
Address: 19004 CRANE ROAD
City-St-Zip: ALTOONA, FL 32702

Title: VD () Delete
Name: DUPUIS, LINDA
Address: 702 BALMORAL CIRCLE
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: BYRD, BARBARA
Address: 13709 WOODLAND DRIVE
City-St-Zip: ASTATULA, FL 34705

Title: TD () Delete
Name: BYRD, RONALD
Address: 13709 WOODLAND DRIVE
City-St-Zip: ASTATULA, FL 34705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BYRD, BARBARA
Address: 13709 WOODLAND DRIVE
City-St-Zip: ASTATULA, FL 34705

Title: VD (X) Change () Addition
Name: HINES, DONALD
Address: 2104 WAITMAN AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Change () Addition
Name: BALENTINE, DEBRA
Address: 157 ASHLEY STREET
City-St-Zip: ASTATULA, FL 34736

Title: TD (X) Change () Addition
Name: HARTLERODE, MARY ANN
Address: 22514 CR 455
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: EDITH KAREN STOVER

Electronic Signature of Signing Officer or Director

PRES

04/18/2005

_____ Date