2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N93000000805

Entity Name: FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.

Current Principal Place of Business:

P. O. BOX 69-4265
MIAMI, FL 33269

New Principal Place of Business:

P. O. BOX 680117
MIAMI, FL 33167

Current Mailing Address:

P. O. BOX 69-4265
MIAMI, FL 33269

New Mailing Address:

P. O. BOX 680117
MIAMI, FL 33167

FEI Number: 65-0599428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURTON, MARY
2465 NW 82 ST.
MIAMI, FL 33147 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:	D	( ) Delete
Name:	JONES, JOANN	
Address:	2870 NW 203 ST	
City-St-Zip:	MIAMI, FL 33056	
Title:	P	( ) Delete
Name:	BURTON, MARY	
Address:	2465 NW 82 STREET	
City-St-Zip:	MIAMI, FL 33147	
Title:	D	( ) Delete
Name:	BROWN, JAMES	
Address:	1101 N.W. 139 STREET	
City-St-Zip:	MIAMI, FL 33168	
Title:	VP	( ) Delete
Name:	WIMBERLY, BERNICE	
Address:	12110 NE MIAMI CT	
City-St-Zip:	MIAMI, FL 33161	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	JONES, JOANN	
Address:	2870 NW 208 ST	
City-St-Zip:	MIAMI, FL 33056	
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:	L	( ) Change (X) Addition
Name:	JENKINS, SHAMELE	
Address:	1271 NW 172 TERR	
City-St-Zip:	MIAMI GARDEN, FL 33169	
Title:	T	( ) Change (X) Addition
Name:	BROWN, GLADYS	
Address:	1101 NW 139 ST	
City-St-Zip:	MIAMI, FL 33168	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY BURTON P 02/24/2009

Electronic Signature of Signing Officer or Director — Date