

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

97 MAR -6 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003334 (7)

1. Corporation Name

TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC



Principal Place of Business

Mailing Address

POST OFFICE BOX 4162  
TALLAHASSEE FL 32315

POST OFFICE BOX 4162  
TALLAHASSEE FL 32315-4162

3. Date Incorporated or Qualified  
06/20/1996

3a. Date of last Report  
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3401802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, ROSEMARY N  
5260 PIMLICO DRIVE  
TALLAHASSEE FL 32308

81 Name

Kenneth Hayward

82 Street Address (P.O. Box Number is Not Acceptable)

1827 Mayfair Rd

83

Tallahassee

84 City

FL 85 Zip Code

32303

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 Kenneth Hayward

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P Ken Hayward  
1827 Mayfair Rd  
Tallahassee FL 32303

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D Phyllis Hayward  
1827 Mayfair Rd  
Tallahassee FL 32303

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D Bert King  
1658 Crosspoint  
Tallahassee 32308

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Kenneth Hayward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97

Date

Daytime Phone #00000000

CR2E037 (9/96)