

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

SEP 10 11:18

**DOCUMENT # N96000003334**

1. Corporation Name  
**TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC**

**800002998408--7**  
-09/27/99--01172--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business Mailing Address  
PO BOX 4162 TALLAHASSEE FL 32315-4162  
PO BOX 4162 TALLAHASSEE FL 32315-4162



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/20/1996
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-3401802
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAYWARD, KENNETH 1819 MAYFAIR RD TALLAHASSEE FL 32303		81 Name	Ruth Garrard
		82 Street Address (P.O. Box Number is Not Acceptable)	3071 Shamrock North
		83	
		84 City	Tallahassee FL
		85 Zip Code	32308

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: *Ruth H. Garrard* DATE: 9/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D HAYWARD, KENNETH 1819 MAYFAIR RD TALLAHASSEE FL 32303	1.1 TITLE	officer/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Ruth Garrard
STREET ADDRESS		1.3 STREET ADDRESS	3071 Shamrock North
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	V/D KING, BURT 1305 WALDON ROAD TALLAHASSEE FL 32311	2.1 TITLE	officer/treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Phyllis Hayward
STREET ADDRESS		2.3 STREET ADDRESS	1827 Mayfair Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	T/D HAYWARD, PHYLLIS 1819 MAYFAIR RD TALLAHASSEE FL 32303	3.1 TITLE	officer/secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kendall McSwain
STREET ADDRESS		3.3 STREET ADDRESS	102 Sinclair
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	S/D POOL, CINDY 9480 BOYKIN RD TALLAHASSEE FL 32311	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Cheryl Jackson
STREET ADDRESS		4.3 STREET ADDRESS	3003 Prospect St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	T GARRARD, RUTH 3017 SHAMROCK NORTH TALLAHASSEE FL 32308	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gartha Brown
STREET ADDRESS		5.3 STREET ADDRESS	1502 cameo Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	T BLACKWOOD, RUSSELL 1368 BURGESS DR TALLAHASSEE FL 32304	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Doris Dupont
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 482
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HADANA FL 32333

14. 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 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, with all other like information.

SIGNATURE: SIGNATURE REQUIRED *Ruth H. Garrard* 9/10/99 668-4404

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CR2E037 (1/1/98)