2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2002 8:00 am
Secretary of State
07-17-2002 90142 029 ****61.25

DOCUMENT # N96000003334

1. Entity Name

TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC ✓

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

40372

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3401802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRARD, RUTH 3071 SHAMROCK NORTH TALLAHASSEE FL 32308	Name: ~~Doris Dupont~~ Darlean Patterson Street Address (P.O. Box Number is Not Acceptable): 802 Annawood Drive City: Tallahassee FL Zip Code 32305

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Darlean Patterson Darlean Patterson 7/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARRARD, RUTH 3071 SHAMROCK NORTH TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ~~Trustee~~ Thompson, Lori 8240 Greenmont Ave. Tallahassee FL 32311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T O'NEAL, LIZA JANE 905 CONYERS STREET HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELONG, RONDA 5234 WINTER VALLEY DRIVE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Trustee ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JACKSON, CHERYL 3003 PROSPECT ST TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT PATTERSON, DARLEAN 802 ANNAWOOD DRIVE TALLAHASSEE FL 32311 32305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DUPOINT, DORIS PO BOX 482 HAVANA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☐ Addition

CR2E037 (4/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darlean Patterson SEO Darlean Patterson 7/16/02 921-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #