

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003334 1. Entity Name TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC.						FILED 05 APR 29 AM 10:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA T. Roberts MAY 03 2005	
Principal Place of Business 1414 INDIAN HEAD DR TALLAHASSEE, FL 32301				Mailing Address PO BOX 4162 TALLAHASSEE, FL 32315-4162			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 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 DUPOINT, LILLIE D 402 SE 4TH ST HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEMENT, SONYA 10593 VALENTINE RD N TALLAHASSEE, FL 32317	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300054014653 05/06/05--01066--002 **61.25		
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	VPT DELONG, RONDA 5234 WINTER VALLEY DRIVE TALLAHASSEE, FL 32303	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT STONE, ALVA T 5478 PEDRICK CROSSING DR TALLAHASSEE, FL 32317	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPOINT, LILLIE D 402 SE 8TH ST HAVANA, FL 32333	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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: <u>Lillie D. DuPont</u>				<u>4/29/05</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			