2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N96000003334

Entity Name: TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1414 INDIAN HEAD DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 4162
TALLAHASSEE, FL 323154162

New Mailing Address:

FEI Number: 59-3401802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUPOINT, LILLIE D
402 SE 4TH ST
HAVANA, FL 32333 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: ST ( ) Delete
Name: BEMENT, SONYA
Address: 10593 VALENTINE RD N
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: O'NEAL, LIZA JANE
Address: 905 CONYERS STREET
City-St-Zip: HAVANA, FL 32333

Title: VPT ( ) Delete
Name: DELONG, RONDA
Address: 5234 WINTER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: OT ( ) Delete
Name: STONE, ALVA T
Address: 5478 PEDRICK CROSSING DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: P ( ) Delete
Name: DUPOINT, LILLIE D
Address: 402 SE 8TH ST
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LILLIE D DUPOINT PRES 05/01/2007

Electronic Signature of Signing Officer or Director — Date