2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
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 ( )**

Name and Address of Current Registered Agent:

CONDRY, KAREN H
1313 NANCY DRIVE
TALLAHASSEE, FL 32301 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: VP
Name: ROSENBERG, HEATHER
Address: 3084 HUNTINGTON WOODS
City-St-Zip: TALLAHASSEE, FL 32303

Title: T
Name: CONDRY, EVERETT
Address: 1313 NANCY DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: GINGERICH, DOUG
Address: 1332 WOODGATE WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: DURMANN, SHERRY
Address: 2201 PINELAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: P
Name: CONDRY, KAREN H
Address: 1313 NANCY DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: HAWORTH, LEE ELLIOTT
Address: 2930 OAKWOOD DRIVE
City-St-Zip: TALLAHASSEE, 32

I hereby 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 all other like empowered.

SIGNATURE: KAREN CONDRY P 03/17/2011

Electronic Signature of Signing Officer or Director — Date