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FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003532 (6)

1. Corporation Name

FLORIDA STATE FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business

632 SOUTH BAY STREET
EUSTIS FL 32726

Mailing Address

P.O. BOX 34
MOUNT DORA FL 32757-00343. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3401538

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, LARRY
632 SOUTH BAY STREET
EUSTIS FL 32726

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME STEVENS, SUZANNE R
STREET ADDRESS 1333 EAST THIRD AVENUE
CITY-ST-ZIP MOUNT DORA FL 32757TITLE S ☐ DELETE
NAME RYLANDER, LINDA
STREET ADDRESS 6222 MIMOSA DRIVE
CITY-ST-ZIP ORLANDO FL 32807TITLE T ☐ DELETE
NAME GRAYSON, JOANN
STREET ADDRESS 204 CUSHMAN STREET
CITY-ST-ZIP PENSACOLA FL 32505TITLE V ☒ DELETE
NAME MCCLINTOCK, ROGER
STREET ADDRESS 4207 51ST STREET EAST
CITY-ST-ZIP BRADENTON FL 34208TITLE S ☐ DELETE
NAME ALTMARK, PATTY
STREET ADDRESS 921 SW 131ST AVENUE
CITY-ST-ZIP DAVIE FL 33325TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Stevens, Suzanne R
1.3 STREET ADDRESS 1333 East Third Avenue
1.4 CITY-ST-ZIP Mount Dora, FL 327572.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Grayson, Joann
3.3 STREET ADDRESS 204 Cushman Street
3.4 CITY-ST-ZIP Pensacola, FL 325054.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Altmark, Patty
5.3 STREET ADDRESS 490 NW 102nd Terr
5.4 CITY-ST-ZIP Pembroke Pines, FL 330266.1 TITLE S ☐ Change ☒ Addition
6.2 NAME Kemp, Annie Kate
6.3 STREET ADDRESS 20421 NW 46th Ave.
6.4 CITY-ST-ZIP Miami FL 33055

14. I do 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.

SIGNATURE: Suzanne Stevens

2/4/97

352-257-1899

CR2E037 (9/96)