FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600003532

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

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90200 046 ****70.00

151609 - 90200 - 46

2. Principal Pl	Place of Business 2a. Mailing Address			_	Date Incorporated or Qualifed	\Box		
21		26			07/01/1996			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number Applied For			
22		27			59-3401538 Not Applicab	le		
City & State	9	City & State	·		\$8.75 Additional	7		
23	28				5. Certificate of Status Desired Fee Required			
Zip	Country				6. Election Campaign Financing \$5.00 May Be			
74 T	25	29	30		Trust Fund Contribution Added to Fees			
<u></u>]	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name				
OTEVENO LADDV				and Characteristics (D.O. Day Number in Not Apportable)				
STEVENS, LARRY				82 Street Address (P.O. Box Number is Not Acceptable)				
	H BAY STREET			83				
Eustis Fl	. 32/26							
				84 City	FL 85 Zip Code	ļ		
11 Dureuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statu	tes, the a	hove-named	corporation submits this statement for the purpose of changing its registered	一		
office or n	egistered agent, or both, in the State o	if Florida. Such change was/a	authorized	l by the compo	oration's board of directors. I hereby accept the appointment as registered			
agent. I a	m familiar with, and accept the obligati	/	onda Stat		0/6/00			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	ama	Agent signature	DATE	•		
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1 .1 Π	TLE	Change Addit	tion		
NAME	STEVENS, SUZANNE R		1,2 N	WE	Sharon Robb			
STREET ADDRESS	1333 EAST THIRD AVENUE			REET ADDRESS	2376 Novus St.	ļ		
	MOUNT DORA FL			TY-ST-ZIP		- [
CITY-ST-ZIP TITLE	S	DELETE	2.1 TI		Sarasota, Fl 34237	tion		
	<u>.</u> .		2.2 N		Delores "Dee" Wilson	1		
NAME	RYLANDER, LINDA			REET ADDRESS	4481 Wilderness Ln. N.			
STREET ADDRESS	Sect minosi since					Ì		
CITY-ST-ZIP	ORLANDO FL 32807			ITY-ST-ZIP	Tackson ville F1 32258	tion		
TITLE	D	C) DECEIE	3.1 TI					
NAME	GRAYSON, JOANN		3.2 N			ĺ		
STREET ADDRESS	204 CUSHMAN STREET			REET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			ITY-ST-ZIP	□ Change □ Addit	tion		
TITLE	DV	☐ DELETE	. 4.1 TI		Change Addit	nO()		
NAME	ALTMARK, PATTY		4.2 N			1		
STREET ADDRESS	490 NW 102ND TERR		4.3 \$	REET ADDRESS		ı		
CITY-ST-ZIP	PEMBROKE PINES FL		_	TY-ST-ZIP	☐ Change ☐ Addi	tion		
TITLE	S	DELETE	5.1 Ti		Change Addi	uOII		
NAME	KEMP, ANNIE KATE		5.2 N					
STREET ADDRESS	20421 NW 46TH AVE			REET ADDRESS				
CITY-ST-ZIP	MIAMI FL			TY-ST-ZIP		ᆜ		
TITLE		☐ DELETE	6.1 ∏		☐ Change ☐ Addii	pon		
NAME			6.2 N	ME				
STREET ADDRESS			6.3 S	REET ADDRESS				
CITY-ST-ZIP			64 C	TY-ST-ZIP				
			- 4	- 11 - 1	d in Carting 440 07/2V/I) Elorida Statutos, I further certify that the information			

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 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 sorporation 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 3 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

ywalke at

HOME USUZANA Steven

<u>210199</u>

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