NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90243 022 ****61.25

DOCUMENT # N01000007487

1. Entity Name
Medical Foster Parent Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11711 B RainTree Village Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Temple Terrace FL	City & State
Zip: 33617 Country: Hillsborough	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Catherine Betterly

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

11711 B RainTree Village Blvd

City: Temple Terrace **FL** Zip Code: 33617

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.

SIGNATURE: _____ Catherine Betterly 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Catherine Betterly
STREET ADDRESS	11711-B RainTree Village Blvd
CITY-ST-ZIP	Temple Terrace FL 33617
TITLE	V/D
NAME	Eileen Leeson
STREET ADDRESS	7020 N. Willow Ave
CITY-ST-ZIP	Tampa FL 33604
TITLE	T/D
NAME	Rachel Anglen
STREET ADDRESS	2805 San Nicolas ST.
CITY-ST-ZIP	Tampa FL 33629
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NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Catherine Betterly 4/22/02 (813)980-3856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #