

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90006 002 \*\*\*\*70.00

**DOCUMENT # N01000007487**

1. Entity Name

MEDICAL FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business

524 COURTNEY DR  
TEMPLE TERRACE FL 33617

Mailing Address

524 COURTNEY DR  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

716 Lithia Pinecrest Rd  
Suite, Apt. #, etc.

3. Mailing Address

716 Lithia Pinecrest Rd  
Suite, Apt. #, etc.

City & State

Brandon, FL

Zip  
33511

Country  
USA

City & State

Brandon, FL

Zip  
33511

Country  
USA

4. FEI Number

20-0125106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETTERLY, CATHERINE  
524 COURTNEY DR  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

ARLENE RESNICK

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

716 Lithia Pinecrest Rd

City

BRANDON

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Arlene Resnick* new -

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BETTERLY, CATHERINE ☒ Delete  
STREET ADDRESS 524 COURTNEY DR  
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE VD  
NAME LEESON, EILEEN ☐ Delete  
STREET ADDRESS 7020 N. WILLOW AVENUE  
CITY-ST-ZIP TAMPA FL 33604

TITLE TD  
NAME ANGLE, RACHEL ☐ Delete  
STREET ADDRESS 2805 W SAN NICOLAS STREET  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ARLENE RESNICK ☒ Change ☐ Addition  
STREET ADDRESS 716 LITHIA PINECREST RD  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Arlene Resnick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04

Date

Daytime Phone #