

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007487

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** MEDICAL FOSTER PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

716 LITHIA PINECREST RD.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

716 LITHIA PINECREST RD.  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 20-0125106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESNICK, ARLENE  
716 LITHIA PINECREST RD.  
BRANDON, FL 33511 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: PD ( ) Delete  
Name: RESNICK, ARLENE  
Address: 716 LITHIA PINECREST RD.  
City-St-Zip: BRANDON, FL 33511

Title: VD ( ) Delete  
Name: LEESON, EILEEN  
Address: 7020 N. WILLOW AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: TD ( ) Delete  
Name: ANGLEU, RACHEL  
Address: 2805 W SAN NICOLAS STREET  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ANGLEN, RACHEL  
Address: 2805 W SAN NICOLAS STREET  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RACHEL ANGLEN

TD

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date