

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

04-28-2003 90196 045 ****61.25

0012590

DOCUMENT # NO1000007487

1. Entity Name

MEDICAL FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business

**11711-B RAINTREE VILLAGE BLVD.
TEMPLE TERRACE FL 33617**

Mailing Address

**11711-B RAINTREE VILLAGE BLVD.
TEMPLE TERRACE FL 33617**

2. Principal Place of Business

524 Courtney Dr

3. Mailing Address

524 Courtney Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip

33617

Country

Hillsborough

Zip

33617

Country

Hillsborough

6. Name and Address of Current Registered Agent

BETTERLY, CATHERINE

11711-B RAINTREE VILLAGE BLVD.

TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Betterly, Catherine

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

524 Courtney Dr

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

SIGNATURE

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
After September 10, 2003, min will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
NAME	BETTERLY, CATHERINE	
STREET ADDRESS	11711-B RAINTREE VILLAGE BLVD.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEESON, EILEEN	
STREET ADDRESS	7020 N. WILLOW AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANGLEU, RACHEL	
STREET ADDRESS	2805 W SAN NICOLAS STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTERLY, CATHERINE	
STREET ADDRESS	524 Courtney Dr.	
CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)
8-24-03 988-1267

Date Daytime Phone #

CR2E037 (4/03)