2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2015
Secretary of State
CC7567160256

DOCUMENT# 759803

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

8195 E TOWER TRL
FLORAL CITY, FL 34436

Current Mailing Address:

8195 E TOWER TRL
FLORAL CITY, FL 34436 US

FEI Number: 59-2858475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, DEBRA
8195 E TOWER TRL
FLORAL CITY, FL 34436 US

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: DEBRA KING 01/12/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	KING, DEBRA
Address	8195 EAST TOWER TRAIL
City-State-Zip:	FLORAL CITY FL 34453

Title	VP
Name	NEEDHAM, CATHERINE
Address	8960 EAST JEFFERSON ST.
City-State-Zip:	FLORAL CITY FL 34436

Title	T
Name	CARPENTER, PATRICA A
Address	6064 WEST MONTICELLO ST.
City-State-Zip:	HOMOSASSA FL 34448

Title	S
Name	BORRE, DARBI
Address	5625 E TATER CT
City-State-Zip:	INVERNESS FL 34452

Title	D
Name	KANAWALL, LINDA
Address	4031 E. SANDERS ST.
City-State-Zip:	INVERNESS FL 34453

Title	D
Name	JIMENEZ, ELBA
Address	8925 GOSPEL ISLAND RD.
City-State-Zip:	INVERNESS FL 34450

I hereby 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 all other like empowered.

SIGNATURE: DEBRA KING PRESIDENT 01/12/2015

Electronic Signature of Signing Officer/Director Detail — Date