

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: Yes

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

01/08/2014

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

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date