

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 759803

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

6391 W GREEN ACRES ST
HOMOSASSA, FL 34446

Current Mailing Address:

PO BOX 1283
INVERNESS, FL 34451-1283 US

FEI Number: 59-2858475

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERRY, JOEL A
231 S MONROE ST
BEVERLY HILLS, FL 34465 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: JOEL A FERRY

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KALVINEK, SCOTT
Address 6391 W GREEN ACRES ST
City-State-Zip: HOMOSASSA FL 34446

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

Title TREASURER
Name FERRY, JOEL A
Address 231 S MONROE ST
City-State-Zip: BEVERLY HILLS FL 34465

Title SECRETARY
Name HARDAWAY, DESTINY
Address 8094 N HILLVIEW CIRCLE
City-State-Zip: CITRUS SPRINGS FL 34434

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: JOEL A FERRY

TREASURER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date