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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724486** (6)

1. Corporation Name

FOSTER PARENTS ASSOCIATION OF ALACHUA COUNTY, IN C.

Principal Place of Business

Mailing Address

**3006 S.E. 29 BLVD.
GAINESVILLE FL 32641
US**

**3006 S.E. 29 BLVD.
GAINESVILLE FL 32641
US**

3. Date Incorporated or Qualified

10/04/1972

4. FEI Number

23-7292630

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 212 WEST PARK ST.

26 212 WEST PARK ST.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

City & State

23 ARCHER 71

24 32618

Country

25 U.S.

City & State

26 ARCHER 71

29 32618

Country

30 U.S.

9. Name and Address of Current Registered Agent

**AHERN, GAIL M
3006 S.E. 29 BLVD.
GAINESVILLE FL 32641**

10. Name and Address of New Registered Agent

81 Name

DAWN HART

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

212 WEST PARK ST

83

84 City

ARCHER

FL

85 Zip Code

32618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Dawn Hart

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 6 - 98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **AHERN, GAIL**
STREET ADDRESS **3006 S.E. 29 BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE **VPD** ☒ DELETE

NAME **HART, DAWN**
STREET ADDRESS **212 W. PARK ST.**
CITY-ST-ZIP **ARCHER FL 32618**

TITLE **TD** ☒ DELETE

NAME **LOCKE, RON**
STREET ADDRESS **8909 SW 122ND ST.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **SD** ☐ DELETE

NAME **CHISHOLM, RUDOLPH**
STREET ADDRESS **6521 SW 194TH ST.**
CITY-ST-ZIP **ARCHER FL 32618**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **DAWN HART**
1.3 STREET ADDRESS **212 WEST PARK ST.**
1.4 CITY-ST-ZIP **ARCHER 71 32618**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **ELEENOR ADAMS**
2.3 STREET ADDRESS **7615 NE. 179 ST**
2.4 CITY-ST-ZIP **HAWTHORNE 71 32640**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **Pam Jones**
3.3 STREET ADDRESS **3912 NW 31 TERR.**
3.4 CITY-ST-ZIP **GAINESVILLE 71 32605**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dawn Hart

Feb 6 - 98

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CR2E037 (10/97)