2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 29, 2001 8:00 am
Secretary of State
02-28-2001 90104 036 ****61.25

DOCUMENT # 724486

1. Entity Name
FOSTER PARENT ASSOCIATION OF ALACHUA COUNTY

Principal Place of Business	Mailing Address

[redacted]

33075
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1015 NW 21st Avenue	SAME
Suite, Apt. #, etc.: # 10	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State
Zip: 32609 Country: USA	Zip Country

4. FEI Number: 23-7292630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAIL M. AHERN	Name: Shelley B. Schulz
3006 SE 29 BLVD	Street Address (P.O. Box Number is Not Acceptable): 1015 NW 21st Avenue #10
GAINESVILLE, FL 32601	City: Gainesville FL Zip Code: 32609

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.

SIGNATURE: Shelley B Schulz — 2-12-01
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ~~GAIL~~ M. AHERN 3006 SE 29 BLVD GAINESVILLE, FL 32601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President (D) Shelley B. Schulz 1015 NW 21st Avenue #10 Gainesville FL 32609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RON LOCKE 8909 SW 122 ST GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (T) CHRISTOPHER ROBINSON 1606 NE 15TH TERRACE GAINESVILLE, FL 32609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RUDY CHISHOLM [illegible] ARCHER FL 32618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary (T) JAN CARROLL 11206 NE County Road 1471 Waldo, FL 32694	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JEROME ABKE 4705 NW 40 ST GAINESVILLE, FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (T) LYNDA W. DEKOTA 4110 SW 63 BLVD GAINESVILLE, FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Shelley B Schulz — 2/10/01 — 352-375-8594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #