

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90189 012 ****61.25

DOCUMENT # 724486 ✓

1. Entity Name

FOSTER PARENT ASSOCIATION
OF ALACHUA COUNTY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1015 NW 21 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

46

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32609

Country

ALACHUA

Country

4. FEI Number

23-7292630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHELLEY B. SCHULZ

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

1015 NW 21 Ave # 46

City

Gainesville

FL

Zip Code

32609

**DO NOT WRITE
IN THIS SPACE**

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 President

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

(NOTE: Registered Agent signature required when reinstating)

1/26/02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	PRESIDENT - (T)
NAME	SHELLEY B. SCHULZ
STREET ADDRESS	1015 NW 21 Ave # 46
CITY-ST-ZIP	Gainesville, FL 32609
TITLE	VICE PRESIDENT - (T)
NAME	CHRISTOPHER ROBINSON
STREET ADDRESS	1606 NE 15 TER
CITY-ST-ZIP	Gainesville, FL 32609
TITLE	SECRETARY (T)
NAME	JAN CARROLL
STREET ADDRESS	14206 NE County Rd 147
CITY-ST-ZIP	WALDO, FL 32694
TITLE	TREASURER - (T)
NAME	LYNDA W. DEKOR
STREET ADDRESS	410 SW 63 BLVD
CITY-ST-ZIP	Gainesville, FL 32608

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STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shelley B. Schulz President

1/26/02 352-375-8594

CR2E037B (12/01)