

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733992

FILED
May 08, 2008
Secretary of State

Entity Name: HILLSBOROUGH COUNTY FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

BETHANY BAPTIST CHURCH
3409 CORK ROAD
PLANT CITY, FL 33565

New Principal Place of Business:

1002 E. PALM AVENUE
TAMPA, FL 33605

Current Mailing Address:

P.O. BOX 3123
BRANDON, FL 33510 US

New Mailing Address:

PO BOX 3123
BRANDON, FL 33510

FEI Number: 59-1721045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, JOY
524 SANDY CREEK DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

PEREZ, JOY
524 SANDY CREEK DR.
BRANDON, FL 33511 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:

05/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, JOY
Address: 524 SANDY CREEK DR.
City-St-Zip: BRANDON, FL 33511

Title: PE () Delete
Name: HERNANDEZ, KIMBERLY
Address: 11038 LYNN LAKE CIR
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: VACANT, VACANT
Address: VACANT
City-St-Zip: VACANT, 00 VACANT

Title: 2VP () Delete
Name: NELSON, ARLENE
Address: 1901 E PARIS ST
City-St-Zip: TAMPA, FL 33610

Title: TD () Delete
Name: JOINER, TOMMY
Address: 3314 BENNET ACRES PLACE
City-St-Zip: DOVER, FL 33527

Title: S () Delete
Name: WILLIAMS, WENDY C
Address: 5836 HAMMON DR
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: VACANT, VACANT
Address: VACANT
City-St-Zip: VACANT, 00 VACANT

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WENDY C. WILLIAMS

S

05/08/2008

Electronic Signature of Signing Officer or Director

Date