

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749628

FILED
May 09, 2006
Secretary of State

Entity Name: LAKE COUNTY FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

1300 NORTH DUNCAN DRIVE
TAVARES, FL 32778

New Principal Place of Business:

22514 CR 455
HOWEY IN THE HILLS, FL 34737

Current Mailing Address:

P.O. BOX 879
TAVARES, FL 327780879

New Mailing Address:

FEI Number: 59-2039872 **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:

Name and Address of New Registered Agent:

STOVER, E. KAREN
22514 CR 455
HOWEY IN THE HILLS, FL 34737 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOVER, EDITH K
Address: 22514 CR 455
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VP () Delete
Name: BYRD, BARBARA
Address: 13709 WOODLAND DRIVE
City-St-Zip: ASTARULA, FL 34705

Title: VP () Delete
Name: HINES, DONALD
Address: 2104 WAITMAN AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: BALENTINE, DEBRA
Address: 157 ASHLEY STREET
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: HARTLERODE, MARY A
Address: 22514 CR 455
City-St-Zip: HOWEY IN THE HILLS, FL 34737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FOREMAN, JACK
Address: 15241 SHADY LANE
City-St-Zip: TAVARES, FL 34778

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

Title: SECR (X) Change () Addition
Name: BROWN, BRIDGETT
Address: 313 E PEARL STREET
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDITH K STOVER

PRES

05/09/2006

Electronic Signature of Signing Officer or Director

Date