

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749628

FILED
Jul 07, 2008
Secretary of State

Entity Name: LAKE COUNTY FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

22514 CR 455
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

22514 CR455
HOWEY IN THE HILLS, FL 34737

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: FOREMAN, JACK
Address: 15241 SHADY LANE
City-St-Zip: TAVARES, FL 34778

Title: VP () Delete
Name: MARSHALL, L. KAY
Address: 1600 SUMMIT AVE
City-St-Zip: MT. MOUNT, FL 32757

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

Title: TRES () Delete
Name: PERKINS, NATILA
Address: 895 MANSFIELD ROAD APT# 26
City-St-Zip: TAVARES, FL 32778

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

Title: TRES (X) Change () Addition
Name: FERDON, MICHELLE
Address: 2939 LAKE JOANNA DRIVE
City-St-Zip: EUSTIS, FL 32726

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: EDITH K STOVER

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date