## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749628**

FILED Apr 14, 2010 Secretary of State

Entity Name: LAKE COUNTY FOSTER PARENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

22514 CR 455

HOWEY IN THE HILLS, FL 34737

Current Mailing Address: New Mailing Address:

22514 CR455

HOWEY IN THE HILLS, FL 34737

FEI Number: 59-2039872 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

Name: STOVER, EDITH K Address: 22514 CR 455

City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: VP

Name: FOREMAN, JACK
Address: 7704 PARK HILL DR
City-St-Zip: LEESBURG, FL 34748

Title: VP

 Name:
 MARSHALL, L. KAY

 Address:
 1600 SUMMIT AVE

 City-St-Zip:
 MT. MOUNT, FL 32757

Title: SECR

Name: BROWN, BRIDGETT
Address: 313 E PEARL STREET
City-St-Zip: CLERMONT, FL 34711

Title: TRES

Name: LANE, CHARITY
Address: 34 S BAY LAKEAVENUE
City-St-Zip: MASSCOTTE, FL 34753

Title: PR

Name: MELANIE, STIMMELL
Address: 16735 BAY CLUB DRIVE
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: EDITH KAREN STOVER PRES 04/14/2010