

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:20

DOCUMENT # 754231 (9)

1. Corporation Name
FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.

Principal Place of Business Mailing Address
P.O. BOX 2332 OCALA FL 34478 P.O. BOX 2332 OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1980	3a. Date of Last Report 11/09/1994
4. FEI Number 58-9104701	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent KELLY, LINDA A. 5041 NE 4TH STREET OCALA FL 34470				10. Name and Address of New Registered Agent	
B1 Name				B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)				FL	
B3					
B4 City					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Linda A. Kelly Linda A. Kelly, Treasurer 1-30-95
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, SHIRLEY	1.2 NAME	
STREET ADDRESS	3479 N.W. 20TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUDETTE, BETTY	2.2 NAME	Robert Draper
STREET ADDRESS	1804 SE 1ST AVENUE	2.3 STREET ADDRESS	2703 S.E. 59th Place
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Ocala, Florida 34480
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LINDA	3.2 NAME	
STREET ADDRESS	5041 NE 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, TAMZIE	4.2 NAME	Linda Knapp
STREET ADDRESS	8455 S.W. 152ND PLACE	4.3 STREET ADDRESS	4610 N.E. 12th Street
CITY-ST-ZIP	DUNNELLON FL 34470	4.4 CITY-ST-ZIP	Ocala, Florida 34470
TITLE	SD	5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAUD, JEAN	5.2 NAME	Brenda Chisholm
STREET ADDRESS	3282 S.E. 132ND LANE	5.3 STREET ADDRESS	P.O. Box 693 N/A
CITY-ST-ZIP	BELLEVIEW FL 34420	5.4 CITY-ST-ZIP	Anthony, Florida 32617
TITLE	D	6.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, CARMEN	6.2 NAME	Hester Howard
STREET ADDRESS	P.O. BOX 340 N/A	6.3 STREET ADDRESS	1600 N.W. 120th Avenue
CITY-ST-ZIP	REDDICK FL 32086	6.4 CITY-ST-ZIP	Ocala, Florida 34482

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda A. Kelly Linda A. Kelly 1-30-95 (904) 236-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date (Typed Name)