

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754231** (9)

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



Principal Place of Business P.O. BOX 2332 OCALA FL 34478	Mailing Address P.O. BOX 2332 OCALA FL 34478
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3. Date Incorporated or Qualified 09/18/1980	4. FEI Number 58-9104701	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DIXON, CATHERINE
16701 SE 23 AVE
SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent
81 Name **PELC, GRACIE**
82 Street Address (P.O. Box Number is Not Acceptable)
12173 SE 85th Ct
83
84 City **Belleview** FL 85 Zip Code **34420**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gracie Pelc* (NOTE: Registered Agent signature required when reinstating) DATE **1-29-98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	DRAPER, ROBERT	
STREET ADDRESS	2225 NW 65 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	PELC, GRACIE	
STREET ADDRESS	12173 SE 85 COURT	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	DIXON, CATHERINE	
STREET ADDRESS	16701 SE 23 AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	CHISHOLM, BRENDA	
STREET ADDRESS	PO BOX 693	
CITY-ST-ZIP	ANTHONY FL	
TITLE	D	<input type="checkbox"/>
NAME	HOWARD, HESTER	
STREET ADDRESS	1600 NW 120TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	DORIE BINGEMANN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	TRANCE ALFORD		
2.3 STREET ADDRESS	3016 SE 54th		
2.4 CITY-ST-ZIP	34471		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	GRACIE PELC		
3.3 STREET ADDRESS	12173 SE 85th Ct		
3.4 CITY-ST-ZIP	Belleview FL 34420		
4.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	DORIE BINGEMANN		
4.3 STREET ADDRESS	7895 S.W. 10th St		
4.4 CITY-ST-ZIP	Ocala, FL 34474		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Gracie Pelc* GRACIE PELC 6-15-98 352 347-9178

CR2E037 (10/97)