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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754231

1. Corporation Name

FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.

431459 - 90150 - 40

Principal Place of Business

P.O. BOX 2332
OCALA FL 34478

Mailing Address

P.O. BOX 2332
OCALA FL 34478



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-9104701

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELC, GRACIE
12173 S E 85TH CT
BELLEVIEW FL 34420

81 Name
Catherine Dixon
82 Street Address (P.O. Box Number is Not Acceptable)
16701 SE 23 Ave.
83 Summerfield
84 City
FL 85 Zip Code
34491

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: Catherine Dixon, Treasurer April 10, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 rows of officer information including names, titles, and addresses.

Table with 6 rows of addition/change information for officers and directors.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine Dixon 4/10/99 (352)307-0289

CR2E037 (11/98)