

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

0001178

05-19-2002 90075 047 ****61.25

DOCUMENT # 754231

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-9104701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, CATHERINE
 16701 SE 23RD AVE
 SUMMERFIELD FL 34491

Name **Kim Miller**
 Street Address (P.O. Box Number is not acceptable) **7535 SW 19th Place**
 City **Ocala** FL Zip Code **34474**

8. 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 *Kim Miller*

DATE **4-25-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DRAPER, ROBERT	
STREET ADDRESS	2225 NW 65 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, JANICE	
STREET ADDRESS	2016 S E 5TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DIXON, CATHERINE	
STREET ADDRESS	16701 SE 23RD AVE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BINGEMANN, DORIE	
STREET ADDRESS	7895 S W 10TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, HESTER	
STREET ADDRESS	1600 NW 120TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Miller	
STREET ADDRESS	7535 SW 19th Place	
CITY-ST-ZIP	Ocala, FL. 34474	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Staine Stovall	
STREET ADDRESS	1116 SW 110th Ave	
CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Michaud	
STREET ADDRESS	3282 SE 132nd Lane	
CITY-ST-ZIP	Belleview, FL 34420	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheila Patterson	
STREET ADDRESS	14145 SW 41st Ave	
CITY-ST-ZIP	Ocala, FL. 34473	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean Michaud* JEAN MICHAUD

DATE **4-25-02** 352
 Daytime Phone # **245-8489**

CR2E037 (9/01)