2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754231

FILED Jul 19, 2005 Secretary of State

Entity Name: FOSTER PARENT ASSOCIATION OF MARION COUNTY FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4566 SW 100TH STREET OCALA, FL 34476 **Current Mailing Address: New Mailing Address: 4566 SW 100TH STREET** OCALA, FL 34476 FEI Number: 58-9104701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, KIM 7535 SW 199 PLACE 7535 SW 19 TH PLACE OCALA, FL 34474 OCALA, FL 34474 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: 07/19/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLER, KIM Name: Name: Address: 4566 SW 100TH ST Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: STOVALL, ELAINE Name: Address: 11116 SW 110TH AVE Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: Title: () Delete Title: () Change () Addition SCHAUT, DIANA Name: Name: 13319 NE 165TH STREET Address: Address: City-St-Zip: FT MCCOY, FL 32134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BETSCH, TRACY Name: Address: 13613 SW 33RD CIRCLE Address: City-St-Zip: OCALA, FL 34473 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KIM MILLER PD 07/19/2005