

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754231

FILED  
Sep 05, 2006  
Secretary of State

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

**Current Principal Place of Business:**

4566 SW 100TH STREET  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

4566 SW 100TH STREET  
OCALA, FL 34476

**New Mailing Address:**

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:**

MILLER, KIM  
7535 SW 19 TH PLACE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

MILLER, KIM  
4566 SW 100TH ST  
OCALA, FL 34476 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

09/05/2006

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILLER, KIM  
Address: 4566 SW 100TH ST  
City-St-Zip: Ocala, FL 34476

Title: VD ( ) Delete  
Name: STOVALL, ELAINE  
Address: 11116 SW 110TH AVE  
City-St-Zip: DUNNELLON, FL 34432

Title: T ( ) Delete  
Name: SCHAUT, DIANA  
Address: 13319 NE 165TH STREET  
City-St-Zip: FT MCCOY, FL 32134

Title: S ( ) Delete  
Name: BETSCH, TRACY  
Address: 13613 SW 33RD CIRCLE  
City-St-Zip: Ocala, FL 34473

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHAUT, DIANA  
Address: 13319 NETH 165TH ST  
City-St-Zip: FT MCCOY, FL 32134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MILLER, KIM  
Address: 4566 SW 100TH ST  
City-St-Zip: Ocala, FL 34476

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

T

09/05/2006

Date