


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90184 029 \*\*\*\*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**      **P.O. BOX 2332**  
**OCALA FL 34478**      **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



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-9104701**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, KIM**  
**7535 SW 199 PLACE**  
**OCALA FL 34474**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, KIM</b>	
STREET ADDRESS	<b>7535 SW 19TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34474</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>STOVALL, ELAINE</b>	
STREET ADDRESS	<b>11116 SW 110TH AVE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MICHAUD, JEAN</b>	
STREET ADDRESS	<b>3282 SE 132ND LANE</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34420</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PATTERSON, SHEILA</b>	
STREET ADDRESS	<b>14145 SW 44TH AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34473</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Kim Miller**      Date **2-12-03**      Daytime Phone # **352-873-6061**

CR2E037 (10/02)