


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90018 047 ****70.00

DOCUMENT # 759803
 1. Entity Name
 CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 1283 P.O. BOX 1283
 INVERNESS, FL 34451 US INVERNESS, FL 34451 US

40001004



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2858475** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HARDEN, DEBORAH L
 2362 E STONEBROOK DR
 HOMOSASSA, FL 34448

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **HARRIGAN, WILLIAM F**
 STREET ADDRESS **5509 E JASMINE LN**
 CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **V.P.** Change Addition
 NAME **HARRIGAN, WILLIAM F.**
 STREET ADDRESS **5509 E**
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **BAILEY, DIANNE**
 STREET ADDRESS **920 E HARVARD STREET**
 CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE **P** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HARDEN, DEBORAH L**
 STREET ADDRESS **2362 S STONEBROOK DR**
 CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE **T** Change Addition
 NAME **Haendiges, Donna**
 STREET ADDRESS **1617 E. Pacific Lane**
 CITY-ST-ZIP **Inverness, FL 34453**

TITLE **SD** Delete
 NAME **CSOMBOK, SANDRA**
 STREET ADDRESS **2711 W MYSTERY LANE**
 CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEIGH, DEBORAH**
 STREET ADDRESS **5211 S CASTLELAKE AVE**
 CITY-ST-ZIP **FLORAL CITY, FL 34436**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOLMES, IRENE**
 STREET ADDRESS **4841 S MAHOGANY TERR**
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE
 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 *Dianne Bailey* Date 1-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR