


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90020 016 \*\*\*\*70.00

**DOCUMENT # 759803**

1. Entity Name  
**CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.**



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

Mailing Address  
**P.O. BOX 1283  
 INVERNESS, FL 34451 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03302006 Chg-NP CR2E037 (11/05)

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  
 HOMOSSASSA, FL 34448**


7. Name and Address of New Registered Agent

Name **WILLIAM F. HARRIGAN**

Street Address (P.O. Box Number is Not Acceptable)  
**5509 E. JASMINE LANE**

City **INVERNESS** FL Zip Code **34453**

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  **V.P.** DATE **3-29-06**

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, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIGAN, WILLIAM F 5509 E JASMINE LN INVERNESS, FL 34453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, DIANNE 920 E HARVARD STREET INVERNESS, FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAENDIGES, DONNA 1617 E PACIFIC LANE INVERNESS, FL 34453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CSOMBOK, SANDRA 2711 W MYSTERY LANE CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH, DEBORAH 5211 S CASTLELAKE AVE FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, IRENE 4841 S MAHOGANY TERR INVERNESS, FL 34450	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DORBEEN KUCES 4299 N. SADDLETREE DR. BEVERLY HILLS, FL. 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LINDA KANAVAL 1590 S. TRANQUIL AVE. INVERNESS, FL. 34450	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3/29/06** DAYTIME PHONE # **352-726-4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR