
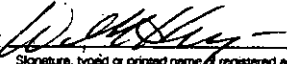



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**Feb 08, 2007 8:00 am  
Secretary of State**

02-08-2007 90047 032 \*\*\*\*70.00

<b>DOCUMENT # 759803</b>				
1. Entity Name <b>CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.</b>				
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 - No P.O. Box # <b>5509 E. JASMINE LANE</b>		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <b>INVERNESS, FL.</b>		City & State		
Zip <b>34453</b>	Country <b>USA</b>	Zip	Country	
4. FEI Number <b>59-2858475</b>		Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
HARRIGAN, WILLIAM F 5509 EAST JASMINE LANE INVERNESS, FL 34453		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>		
		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  <b>WILLIAM HARRIGAN</b>		DATE <b>2/4/07</b>		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 HARRIGAN, WILLIAM F. 5509 E. JASMINE LANE INVERNESS, FL. 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, DIANNE 920 E HARVARD STREET INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANDA, SHONDA 9561 N. BUNKER WAY CITRUS SPRINGS, FL. 34434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUCEJ, DOREEN 4299 NORTH SADDLETREE DRIVE BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOTT, EILEEN 6095 W. FOX HOLLOW CT. DUNWELDON, FL. 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANAWALL, LINDA 1590 SOUTH TRANQUIL AVENUE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, IRENE 4841 S MAHOGANY TERR INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>WILLIAM HARRIGAN</b>		DATE <b>2/4/07</b>	DAYTIME PHONE # <b>352-726-1122</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

40011000



02052007 Chg-NP CR2E037 (12/06)