2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am

DOCUMENT #759803 1. Entity Name CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.			c. (Secretary of State 02-15-2008 90004 033 ****70.00		
Principal Plac 5509 EAST J INVERNESS,		Mailing Address P.O. BOX 1283 INVERNESS, FL 34451	US	,			,
1617	tace of Business - No P.O. Box # E. Paci fic In.						
Suite, Apt. #, etc. Inverness Florida P.O. Bo			0 K 128		Clig-Wi	CR2E037 (12/06)	
City & State	e	City & State Inverne	ess . Fla	rida 59	Number 1-2858475	⊢	pplied For ot Applicable
Zip 3445	63 Country USA	Zip 34451	Country 45 A		tificate of Status Desire	ed 🗹 \$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
HARRIGAN, WILLIAM F				Donna a. Haendiges et Address (P.O. Box Number is Not Acceptable) 617 E Pacific In			
				nverness FL 3/4/53			
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 Down G. Markeleys Down G. Hurndiges Signature, typed or printed name of registered agent and title of applytable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent	I and title if applicable. (NOTE:	Registered Agent signal	ture required when reinst	ating)	DATE	
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing		May Se	DATE Make check payable to Florida Department of S	,
10.	Filing Fee Is \$61.25 Due by May 1, 2008 OFFICERS AND DE	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 Added to	May Se o Fees	Florida Department of S	N 10
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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.

Donna a. Haendiges

SIGNATURE: Donna d Maenaly SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR