


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90004 033 \*\*\*\*70.00

DOCUMENT # 759803					
1. Entity Name CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.					
Principal Place of Business 5509 EAST JASMINE LN INVERNESS, FL 34453 US			Mailing Address P.O. BOX 1283 INVERNESS, FL 34451 US		
2. Principal Place of Business - No P.O. Box # 1617 E. Pacific Ln. Suite, Apt. #, etc. Inverness Florida		3. Mailing Address P.O. Box 1283 City & State Inverness, Florida		01212008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2858475	
Zip 34453		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIGAN, WILLIAM F 5509 EAST JASMINE LANE INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name Donna A. Haendiges Street Address (P.O. Box Number is Not Acceptable) 1617 E Pacific Ln 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 <u>Donna A. Haendiges</u> Signature, typed or printed name of registered agent and title if applicable.		Donna A. Haendiges		DATE 2-11-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIGAN, WILLIAM F 5509 E JASMINE LN INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Donna A. Haendiges 1617 E Pacific Ln Inverness FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANDA, SHONA 9561 NORTH BUNKER WAY CITRUS SPRINGS, FL 34434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAENDIGES, DONNA 1617 E PACIFIC LANE INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Edward Bricker 188 N. Brynwood way Inverness FL 34450-1740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOTT, EILEEN 6095 WEST FOX HOLLOW CT DUNNELLON, FL 34433	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debra Casey 5025 N. Tanglewood Ave. Hernando FL 34442-2750
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, IRENE 4841 S MAHOGANY TERR INVERNESS, FL 34450	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delba Jimenez 3660 E Limestone Lane Inverness, FL 34452-9017
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: <u>Donna A. Haendiges</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Donna A. Haendiges		DATE 2-11-08 352344-5629 Daytime Phone #	

