

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759803

FILED
Feb 08, 2012
Secretary of State

Entity Name: CITRUS COUNTY FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

6054 WEST MONTICELLO ST.
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

POB 1283
INVERNESS, FL 34451 US

New Mailing Address:

FEI Number: 59-2858475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARPENTER, PATRICA A TREASUR
6064 WEST MONTICELLO ST
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KING, DEBRA
Address: 8195 EAST TOWER TRAIL
City-St-Zip: FLORAL CITY, FL 34453

Title: VP
Name: NEEDHAM, CATHERINE
Address: 8960 EAST JEFFERSON ST.
City-St-Zip: FLORAL CITY, FL 34436 CI

Title: T
Name: CARPENTER, PATRICA A
Address: 6064 WEST MONTICELLO ST.
City-St-Zip: HOMOSASSA, FL 34448

Title: S
Name: HARRIS, ROSE
Address: 5248 NORTH BRONCO TERRACE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D
Name: KANAWALL, LINDA
Address: 4031 E. SANDERS ST.
City-St-Zip: INVERNESS, FL 34453

Title: D
Name: JIMENEZ, ELBA
Address: 8925 GOSPEL ISLAND RD.
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA CARPENTER

T

02/08/2012

Electronic Signature of Signing Officer or Director

Date