

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -5 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000000006002

1. Entity Name

FOSTER ADOPTIVE PARENT ASSOCIATION OF SANTA ROSA COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address P.O. Box 5874
6949 Elliot's Gin Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Navarre, Florida

4. FEI Number
59-3631694

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

32566

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Diann Savage

Street Address (P.O. Box Number is Not Acceptable)
4212 West Avenida De Golf

City
Pace

FL

Zip Code
32571

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, D
Mr. Gerald L. Waters, Sr.
6949 Elliot's Gin Lane
Navarre, Florida 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, D
Ms. Margarette Edwards
5934 Wolfgang Drive
Milton, Florida 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, D
Mrs. Brandi Lynn Opager
6336 Jason Drive
Milton, Florida 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer, D
Mr. Erik J. Opager
6336 Jason Drive
Milton, Florida 32570

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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*****61.00*****

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ERIK J. OPAGER, TREASURER

4/2/02

850.623.2822, X1251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #