2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N00000006002

Entity Name: FOSTER ADOPTIVE PARENT ASSOCIATION OF SANTA ROSA COUNTY, INC.

Current Principal Place of Business:

P.O. BOX 5874
NAVARRE, FL 32566

New Principal Place of Business:

7360 GORDON EVANS ROAD
NAVARRE, FL 32566

Current Mailing Address:

P.O. BOX 5874
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3631694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAVAGE, DIANN
4212 W AVENIDA DEGOLF
PACE, FL 32571 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: PD ( ) Delete
Name: WATERS, GERALD L SR
Address: 6949 ELLIOT'S GIN LANE
City-St-Zip: NAVARRE, FL 32566

Title: DV ( ) Delete
Name: EDWARDS, MARGARETTE
Address: 5934 WOLFGANG DRIVE
City-St-Zip: MILTON, FL 32570

Title: SD ( ) Delete
Name: OPAGERL, BRANDI L
Address: 6336 JASON DRIVE
City-St-Zip: MILTON, FL 32570

Title: TD (X) Delete
Name: OPAGER, ERIKRT J
Address: 6336 JASON DRIVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WATERS, GERALD L SR
Address: 7360 GORDON EVANS ROAD
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SAVAGE, DIANN
Address: 4212 W AVENIDA DEGOLF
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALD L WATERS SR PD 05/01/2003

Electronic Signature of Signing Officer or Director — Date