

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

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90114 043 \*\*\*\*61.25

DOCUMENT # N0000006426

1. Entity Name

BREVARD COUNTY FOSTER PARENT ASSO  
EIN 59-3527671



**DO NOT WRITE IN THIS SPACE**

24044858

2. Principal Place of Business

CHILDREN + FAMILIES

Suite, Apt. #, etc.

3. Mailing Address

771 LOGGERHEAD ISLAND Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SATELLITE BEACH FL

City & State

SATELLITE BEACH FL

4. FEI Number

59-3527671

Applied For

Not Applicable

Zip

32937

Country

BREVARD

Zip

32937

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD JONES

Street Address (P.O. Box Number is Not Acceptable)

771 LOGGERHEAD ISLAND Way

City

SATELLITE BEACH

FL

Zip Code

32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAWN WILLIAMS 1065 MATADOR DRIVE ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BARBARA BARRY 1570 BELLA CASA CT MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LYNDA THOMPSON 3437 TARRAGON ST COCOA FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICHARD JONES 771 LOGGERHEAD ISLAND Way SATELLITE BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT FRAN ROBINSON 1024 JACARANDA CIRCLE ROCKLEDGE FL 32955
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APR 04 (321) 777-0064

Date

Daytime Phone #

CR2E037B (12/02)