

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90143 018 ****61.25

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1. Entity Name

BREVARD COUNTY FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business

**CHILDREN & FAMILY
1636 SO. FISKE BLVD
ROCKLEDGE FL 32955**

Mailing Address

**VIRGINIA DZARA
3255 BRENTWOOD LANE
MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

771 LOGGERHEAD ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SATELLITE BEACH FL

Zip

Country

Zip

Country

32937

BREVARD

4. FEI Number **59-3527671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DZARA, VIRGINIA
CHILD & FAMILY
3255 BRENTWOOD LANE
MELBOURNE FL 32934**

7. Name and Address of New 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

Richard Jones

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

(NOTE: Registered Agent signature required when reinstating)

DATE

24 JAN 03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DZARA, VIRGINIA 3255 BRENTWOOD LANE MELBOURNE FL 32934	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V SANDERLIN, DONNA 1065 MATADOR DRIVE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL, KANDI 2315 MONTY LANE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T ROUZER, AMY 540 SEAGULL DRIVE SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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/V ROBINSON, FRAN 1024 JACARANDA CIRCLE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINIG, CHERYL 680 JACARANDA ST MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T RICHARD JONES 771 LOGGERHEAD ISLAND WAY SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Jones **RICHARD JONES**

24 JAN 03 (321) 777-0064

CR2E037 (10/02)