

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

DOCUMENT # ND1000005038

1. Entity Name

Volusia/Flagler-Foster-Adoptive Parent Association

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

160 W. Beach St.  
Suite, Apt. #, etc.

3. Mailing Address

286 Cone Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, Fla.

City & State

Ormond Beach, Fla.

4. FEI Number

Applied For

☒ Not Applicable

Zip

32114

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name Victoria Kress

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

286 Cone Rd

City

Ormond Beach

FL

Zip Code

32174

**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

Victoria A. Kress Victoria A. Kress President

8-22-02

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	<u>PO</u> <u>Victoria A. Kress</u> <u>286 Cone Rd. Ormond Beach</u> <u>Fl. 32174</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>Mary Youson</u> <u>767 Foxhound Dr. Ft. Orange</u> <u>Fl. 32128</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>David M. Coody</u> <u>989 W. Embassy Dr. Deltona</u> <u>Fl. 32725</u>
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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:

Victoria A. Kress Victoria A. Kress President 8-22-02 (386) 6773584

CR2E037B (12/01)