

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005038

FILED
Apr 06, 2005
Secretary of State

Entity Name: VOLUSIA/FLAGLER FOSTER-ADOPT PARENT ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 1563
DAYTONA BEACH, FL 32115

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1563
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 59-3685083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRAYER, JAMES H
10 HICKORY LANE
FLAGLER BEACH, FL 32136 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: P () Delete
Name: GOOLDE, GEORGE A
Address: 1801 MONASTERY ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: V () Delete
Name: STEWART, BRENDA
Address: 53 WASSERMAN DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: WHITCOMB, LAURA
Address: 489 HOPI COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: GRACE, ALGERIA
Address: 207 INWOOD AVENUE
City-St-Zip: NEW SMYLA BCH, FL 32168

Title: D () Delete
Name: BRISTOL, CLARA
Address: 1034 ALICE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D () Delete
Name: MCBRAYER, JAMES H
Address: 10 HICKORY LANE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: GEORGE A. GOOLDE

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date