## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005038

FILED Jul 19, 2008 Secretary of State

Entity Name: EAST CENTRAL FLORIDA FOSTER-ADOPTIVE PARENT ASSOCIATION, INC

**Current Principal Place of Business: New Principal Place of Business:** 1498 BENT OAKS BOULEVARD 1114 WEST SEAGATE DR DELAND, FL 32724 DELTONA, FL 32725 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 6672 DELTONA, FL 32728 FEI Number: 59-3685083 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARLEY, CRYSTAL D MEYER, MICHAEL S 1498 BENT OAKS BLVD 1114 WEST SEAGATE DR DELAND, FL 32724 DELTONA, FL 32725 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: MSM 07/19/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BROWN, PAUL MEYER, MICHAEL S Name: Name: 814 SUPERIOR STREET Address: 1114 WEST SEAGATE DR Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725 Title: () Delete Title: (X) Change ( ) Addition GARDNER, WAYNE GARDNER, WAYNE Name: Name: Address: 548 MCNEAL DRIVE Address: 548 MCNEAL DRIVE City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725 Title: ( ) Delete Title: (X) Change ( ) Addition LOWDEN-NORMAN, NANCY LOWDEN-NORMAN, NANCY Name: Name: 957 BRAMBLE BUSH CIRCLE EAST 957 BRAMBLE BUSH CIRCLE EAST Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: () Delete Title: (X) Change ( ) Addition FARLEY, CRYSTAL Name: Name: FARLEY, CRYSTAL 1498 BENT OAKS BOULEVARD 1498 BENT OAKS BOULEVARD Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: DELAND, FL 32724 Title: () Delete Title: () Change () Addition LEWIS, NORMAN Name: Name: 80 MAIN STREET Address: Address: City-St-Zip: VOLUSIA, FL 32725 City-St-Zip: Title: (X) Delete Title: () Change () Addition DAVIS, ROGER Name: Name: Address: 221 HERONWOOD CIRCLE Address: DELTONA, FL 32725 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL S MEYER MSM 07/19/2008