

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005038

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

1114 WEST SEAGATE DR
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6672
DELTONA, FL 32728

New Mailing Address:

FEI Number: 59-3685083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEYER, MICHAEL S
1114 WEST SEAGATE DR
DELTONA, FL 32725 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: T () Delete
Name: MEYER, MICHAEL S
Address: 1114 WEST SEAGATE DR
City-St-Zip: DELTONA, FL 32725

Title: P () Delete
Name: GARDNER, WAYNE
Address: 548 MCNEAL DRIVE
City-St-Zip: DELTONA, FL 32725

Title: V () Delete
Name: LOWDEN-NORMAN, NANCY
Address: 957 BRAMBLE BUSH CIRCLE EAST
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: FARLEY, CRYSTAL
Address: 1498 BENT OAKS BOULEVARD
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: LEWIS, NORMAN
Address: 80 MAIN STREET
City-St-Zip: VOLUSIA, FL 32725

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
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 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

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date